EFFECT OF SOCIAL SKILLS TRAINING PROGRAM ON RESILIENCE AMONG LEARNING DISABLED CHILDREN

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Abstract

Students with learning disabilities can exhibit socio-emotional resilience or positive psychosocial adjustment despite risk presented by learning disability. Hence, Social skills training can make significant results in various aspects of students' mental and behavioral health. The present study aimed to evaluate the impact of a social skills training program on resilience among learning disabled children**.** a convenience sample of 36 students aged between 8-12 years old were divided randomly into two groups, intervention group (received the social skills training program) and control group (received traditional care). The effect of the program was measured by The Child and Youth Resilience Measure (CYRM) which composed of individual, relationship with caregivers, and context resilience subscales. Results of the current study revealed that highly statistical significant differences were found between total scores of children's resilience for both study and control groups at post intervention. The present study emphasizes the importance of social skills training in promoting psycho-social resilience in students with learning disabilities.

Key words: Learning Disabilities, Resilience, Social Skills Training

Introduction

Learning disabilities are professionally diagnosed as developmental disorders characterized by clinically significant impairment in scholastic skills as reading, writing, speaking, listening, spelling, reasoning or doing math which don't include learning problems that are due to primarily visual, hearing, motor handicaps, mental retardation, emotional disturbances or to adverse environmental factors (Ali, 2016; Weitzman, 2009).

The primary characteristic of learning disability is a significant difference of a child's achievement in some areas and his or her over all intelligence. Despite having appropriate Intelligence Quotient (IQ), children with learning disabilities have troubles in receiving and accurate processing of information which make it difficult for them to learn quickly as their peers who aren't affected by learning disability (Lyness, 2010).

In addition to academic under achievement or failure, students with learning disabilities exhibit other cognitive, behavioral, social, and emotional symptoms due to adjustment difficulties. Sometimes they have troubles in expressing their feelings, reading non-verbal cues from others, claiming themselves down, difficulties in communicating with peers in the class room, how to make friends, how to engage in play-ground games, and how to use knowledge of such skills in these situations (Sorour, Mohamed & Abd-El maksoud, 2014). The interaction of these stressful life situations with other common life stresses often lead to non- resilient outcomes (Theron, 2006).

Resilience can be defined as a positive response to risk factors or a competent performance under unfavorable conditions. This capable functioning in the face of

adversity is linked to a triad of protective factors which include personal, familial, and extra familial protective factors that empower and strengthen the individual to cope with adverse circumstances (Boyden & Mann, 2005). Children and adolescents who experience specific learning difficulties frequently exhibit few protective factors and struggle to adapt successfully when confronted by difficulty (Bauer, Keefe, & Shea, 2001). In order to empower at risk children, prevention efforts are needed to promote protective factors and processes (Theron, 2006).

One of the most pervasive problems and risk factors for children with learning disabilities is social skill deficit which put these children in a heightened risk for future social maladjustment. Such social interaction and competence deficits prove to be a defining characteristic of most individuals with Learning disabilities, especially in children and adolescents who are faced with compound deficits that impact not only their quality of life and performance in school, but their overall development and well-being as well (Pennigton, 2009).

A host of negative or in appropriate behaviors has been attributed to students with learning disabilities such as acting more aggressively, socially withdrawn, or exhibiting more negative verbal and non-verbal behaviors than classmates (Parisha, 2015). These problems may be referred to the student's social misperception or inability to generate solutions to social dilemmas. Students with learning disabilities perform less ability than average achieving peers in encoding the social dilemmas and generating competent solutions (Morris, 2002). According to this argument, Pina, Flavia, Laura, &Luana (2013) demonstrated that children with learning disabilities, in comparison with typical

developing peers, use and prefer dysfunctional coping strategies, aggressive or passive, to face the interpersonal conflicts.

In order to getting along with others and dealing effectively with demands and challenges of everyday life, effective social skills are required as they are a very important skill set in a child's life and are considered the foundation of emotional growth and for developing relationships. Hence, social skills are a set of mental, social, and interpersonal skills which help a person to deliberately make decisions and to have good communicative, cognitive, and emotional skills with a healthy and productive life (Parisha, 2015).

Massive body of researches show that life skills training can make significant results in various aspects of students' mental and behavioral health (Bhan & Farooqui, 2013). Furthermore, Forneris, Danish, and Scott (2007) indicated that life skills training can help problem solving and using social supports. In the same vein, Mafra (2015) founded that there were considerable improvements in all dimensions of academic achievement and social skills of learning disabled children who participated in his social skills training program.

Significance of the study

In Egypt, a study conducted by Ahmed, Radwan, Saber, Shoeib, & El-shobary (2003) showed that the prevalence of learning disabilities among primary school children at Abbasia district was 15.7% which increased among boys than girls. Despite the compelling evidence which indicates multiple and profound social skills deficits in

learning disabled children and refers to the importance of social skills training as a nursing intervention, scattered researches were done in this area especially at national level.

As nurses play a pivotal, multi-faceted role in assessment, providing support, education, and integrating internal and external mental health services. This research could provide nurses and other health professionals with an in-depth understanding related to this category of population which could be reflected positively on quality of children's life. Moreover, it is hoped that, findings of this study might help in improving quality of children care.

Aim of the study

This study aims to evaluate the effect of a social skills training program on resilience among learning disabled children.

Research hypothesis

Learning disabled children who will receive the social skills training program will have statistical significant differences in resilience than children who will receive traditional care at post intervention than pre intervention.

Subjects and Methods

Research design:

This study was conducted using a quasi-experimental design "pre and post-test design". Quasi- experimental research may look very much like true experimental research in that it involves the manipulation of an independent variable, but it is not the same,

because quasi-experimental research studies lack one or both of the essential experimental research properties of randomization and a control group (Offredy & Vickers, 2010).

Subjects:

A convenience sample of 36 students with learning disabilities was selected according to the following criteria: children diagnosed with learning disabilities according to the medical records including those who have reading, writing, or both difficulties, both sex, and children aged between 8- 12 years old. The students were divided randomly into two groups, intervention group (received social skills training program) and control group (received traditional care). Children with autism, Children with Mental Retardation (MR), children with sensory and motor handicapping, and children in the 1st and 2nd primary grades were excluded from the study.

Setting:

The study was conducted in the Special Needs Care Centre, Faculty of Post-graduate childhood studies, Ain-Shams University and Al-Abbassia Mental Health Hospital.

Tools for data collection:

The Child and Youth Resilience Measure (CYRM: Resilience Research Centre, 2009).

CYRM was developed by Resilience Research Centre, 2009 and used to measure resilience among children. It explores the resources (individual, relational, communal, and cultural) that may bolster the resilience of children. CYRM consists of two parts, the first part is Socio-demographic data sheet which include data regarding age, sex, school grade. In addition to other medical data as psychiatric diagnosis, age of onset, current signs and symptoms, medications and interventions, and mental health services that are received.

The second part is the resilience self-report questionnaire which composed of 26-items that assess three dimensions of resilience which are further broken down into eight factors: individual (personal skills, peer support, and social skills), care givers (care givers' physical and psychological care giving), and contextual factors (spiritual context, educational context, and cultural context).

CYRM has a likert response format with a 3- point scale ranging from "no" given a score 1, "sometimes" given score 2, and "yes" given score 3. The potential range of scores is from 26 to 78, with higher scores indicating the presence of more resilient qualities. Cronbach's alphas for the three main domain components ranged from 0.65 to 0.91 indicating good internal consistency. The CYRM has been validated and extensively used in both clinical practice and research.

Procedure:

An official permission was granted upon a letter issued from the faculty of nursing and after research study aim, content, and procedure were discussed with administrators before the data collection. After the institutional consent form obtained from the administrators, the investigator met with study's subjects and their parents, explained the purpose of the study, and assured them about confidentiality and anonymity. Written consent obtained from each child's parent before pre-test and data collection. The investigator collected data from each participant in more than one session. Baseline assessment was carried out by using the selected tools. Each participant was interviewed individually in a semi-structured interview.

The intervention program:

Regarding the intervention program, the program was designed and carried out for helping children with learning disabilities to enhance their social skills and resilience in order to improve their social functioning. The program was administered within the framework of therapeutic sessions. The subjects were divided into two groups, the intervention group (who received the social skills training program) and control group (received traditional care). Every group consisted of eighteen participants. It held on 15 sessions, in a weekly one hour session.

The social skills training program was accomplished based on three basic goals: (1) enhancing social concepts, (2) promoting skillful performance, and (3) fostering skill maintenance and generalization. The first goal focuses on teaching children appropriate social concepts by providing children with a rationale for learning the skill to be taught, defining the skill concept, providing exemplars, both positive and negative, promoting verbal and conceptual rehearsal and recall of the skill concept, and providing feed back to the learner.

The second goal aims to promote skillful performance. This stage of training involves providing opportunities for guided rehearsal, modeling, role play, and finally evaluating the performance of the learner. The third goal seeks to foster maintenance and generalization, to assist the learner to become independent in his use of the newly acquired skill. This goal is accomplished through providing the learner with opportunities for self-directed rehearsal, encourage self-initiation of performance while withdrawing assistance or aids, and fostering self-evaluation.

Statistical design:

Statistical Package for Social Science (SPSS) version 21 was used for statistical analysis of data, as it contains the test of significance given in standard statistical books. Collected data were summarized and tabulated using descriptive statistics. Parametric inferential statistics were used to examine the differences and similarities between the pre and post program tests.

Results

As shown in table (1-a & 1-b), the mean age of study group was 9.6±0.97 compared with 9.5±0.92 for control group, 88.9 % of study group were males compared with 83.3 % in control group. Regarding type of learning disability 94.4 % of study group were having both reading and writing disabilities compared with 88.9 % in control group. In relation to comorbidity, ADHD was the most prevalent among both study and control groups by percentages of (16.7 %, 27.8 %) respectively.

Table (1-a): Distribution of the studied children for both groups in relation to their age, sex, and school grade (n=18 for each).

Socio-demographic Items	Study group (n=18) No.	%	Control group (n=18) No.	%	Chi-square	p-value
Child's Age						
8-<10	12	66.7	13	72.2		
10-12	6	33.3	5	27.8		
Mean± SD	9.6±0.97		9.5±0.92		0.13	0.71
Child's Sex						
Male	16	88.9	15	83.3		
Female	2	11.1	3	16.7	0.23	0.63
School Grade						
3rd primary	4	22.2	6	33.3		
4th primary	10	55.6	7	38.9		
5th primary	2	11.1	4	22.2	1.92	0.58
1st prep	2	11.1	1	5.6		

*significant at p-value <0.05

Table (1-b): Distribution of the studied children for both groups in relation to type of learning disability and comorbidity with other disorders (n=18 for each).

Clinical Characteristics	Study group (n=18)		Control group (n=18)		Chi-square	p-value
	No.	%	No.	%		
Type of learning disability						
Reading difficulties	0	0.0	1	5.6		
Writing difficulties	1	5.6	1	5.6	1.03	0.59
Both	17	94.4	16	88.9		
Comorbidity						
None	11	61.1	10	55.6		
ADHD	3	16.7	5	27.8		
Depression	3	16.7	0	0.0		
ADHD + depression	1	5.5	0	0.0	3.15	0.53
Anxiety	0	0.0	1	5.5		
Depression + anxiety	0	0.0	1	5.5		
Other	0	0.0	1	5.5		

*significant at p-value <0.05

Table (2-a): comparison between children' resilience (Personal skills sub-scale) for both groups at pre and post social skills training program (n=18 for each).

Personal Skills		Study		Control		t	p
		M	±SD	M	±SD		
I share with other people.	pre	2.39	0.7	2.50	0.71	0.47	0.64
	post	2.78	0.43	2.50	0.71	1.43	0.16
I finish activities I start.	pre	1.89	0.32	1.83	0.38	0.47	0.64
	post	2.17	0.38	1.83	0.38	2.61	0.01*
Children like to play with me.	pre	2.00	0.97	1.78	0.73	0.78	0.44
	post	2.39	0.61	1.78	0.73	2.73	0.01*
I fix problems without hurting.	pre	1.56	0.7	1.61	0.78	0.22	0.82
	post	2.17	0.38	1.61	0.78	2.72	0.01*
I know what I am good at.	pre	1.67	0.91	1.33	0.77	1.19	0.24
	post	2.61	0.61	1.33	0.77	5.54	0.001**

*significant at p-value <0.05

**Highly significant at p-value<0.01

As regards personal skills individual resilience subscale, table (2-a) shows that, statistically significant differences were found between post program scores of study and control groups regarding items of; finishing activities, children like to play with me, fixing problems without hurting self or others, and knowing personal strengths where t= (2.61, 2.73, 2.72, and 5.54) at p= (0.01, 0.01, 0.01, and 0.001) respectively.

Table (2-b): comparison between children's resilience (peer support sub-scale) for both groups at pre and post social skills training program (n=18 for each).

Peer Support		Study M	Study ±SD	Control M	Control ±SD	t	p
I have friends who care about me.	pre	1.72	0.83	1.39	0.70	1.31	0.20
	post	2.22	0.43	1.61	0.85	2.73	0.01*
My friends care about in hard times.	pre	1.56	0.78	1.33	0.69	0.91	0.37
	post	1.83	0.62	1.33	0.69	2.30	0.03*

*significant at p-value <0.05

In relation to peer support individual resilience subscale, table (2-b) shows that statistically significant differences were found in items of; have friends who care about me and my friends care about me when times are hard at post intervention where t= (2.73 and 2.30) at p= (0.01and 0.03) respectively.

Regarding social skills- individual resilience sub-scale, table (2-c) reveals that there were significant and highly significant statistical differences between post program scores of study and control groups regarding items of; behaving/acting in different situations, having chances for growing up, and where to go to get help where t= (3.77, 2.49, and 2.28) at p= (0.001,0.02, and 0.03) respectively. Whereas there were significant statistical differences between both study and control groups at pre intervention regarding one item, where to go to get help where t=2.45 at p=0.02.

Table (2-c): comparison between children's resilience (social skills sub-scale) for both groups at pre and post social skills training program (n=18 for each).

		Study		Control		t	p
Social Skills		M	±SD	M	±SD		
I know how to behave in situations.	pre	1.27	0.83	1.56	0.51	0.73	0.47
	post	2.22	0.55	1.56	0.51	3.77	0.001**
I know where to go to get help.	pre	1.22	0.43	1.72	0.75	2.45	0.02*
	post	2.22	0.55	1.72	0.75	2.28	0.03*
I have chances for growing up.	pre	2.39	0.7	2.06	0.73	1.41	0.17
	post	2.61	0.61	2.06	0.73	2.49	0.02*
I have chances to learn useful things.	pre	2.28	0.83	2.33	0.59	0.23	0.82
	post	2.78	0.43	2.50	0.71	1.43	0.16

*significant at p-value <0.05

**Highly significant at p-value<0.01

Table (2-d): Comparison between total score of children's individual resilience sub-scale for both groups pre and post social skills training program (n=18 for each).

		Study		Control		t	p
		M	±SD	M	±SD		
Total score of individual resilience sub-scale	pre	1.85	0.73	1.77	0.67	0.34	0.73
	post	2.35	0.47	1.77	0.67	3.01	0.001**

**Highly significant at p-value<0.01

As regards total scores of individual resilience sub-scale, table (2-d) shows that there were a highly significant statistical difference between study and control groups at post intervention where t=3.01 at p=0.001. There was a significant increase in its mean from (1.85) to (2.35).

Table (3-a): comparison between children's' resilience (psychological care giving sub-scale) for both groups at pre and post social skills training program (n=18 for each).

		Study		Control			
Psychological Care-Giving		M	±SD	M	±SD	t	p
My parents know a lot about me.	pre	2.33	0.77	2.22	0.65	0.47	0.64
	post	2.50	0.51	2.22	0.65	1.43	0.16
I talk to my family how i feel.	pre	1.44	0.78	1.72	0.89	0.99	0.33
	post	2.61	0.5	1.72	0.89	3.68	0.001**
My family cares about me in hard times.	pre	2.61	0.7	2.44	0.70	0.71	0.48
	post	2.94	0.24	2.44	0.70	2.85	0.01*
I feel safe in my family.	pre	2.72	0.67	2.39	0.92	1.25	0.22
	post	3.00	0	2.39	0.92	2.83	0.01*
I like the way my family celebrates things.	pre	2.28	0.67	2.17	0.51	0.56	0.58
	post	2.50	0.51	2.17	0.51	1.94	0.06

*significant at p-value <0.05

**Highly significant at p-value<0.01

Table (3-b): comparison between children's resilience (physical care giving sub-scale) of study and control groups pre and post intervention (n=18 for each)

		Study		Control			
Physical Care-Giving		M	±SD	M	±SD	t	p
My parents know where and what I do.	pre	2.83	0.51	2.89	0.32	0.39	0.70
	post	3.00	0	2.89	0.32	1.46	0.15
I find enough to eat in my home.	pre	3.00	0	3.00	0.00	0	1
	post	3.00	0	3.00	0.00	0	1

*significant at p-value <0.05

As regards psychological care giving sub-scale as reported by the studied children, tables (3-a & 3-b) shows that highly statistically significant differences were found between both groups regarding items of; talking with family about feelings, family caring in hard times, and feeling safe in family where t= (3.68, 2.85, and 2.83) at p= (0.001, 0.01, and 0. 01) respectively at post intervention. However, no significant statistical differences were found between both groups at post intervention regarding items of physical care giving sub-scale.

Table 3-c reveals that, no significant statistical differences between were found between both groups as regards children's resilience (relationship with caregivers) at pre and post social skills training program.

Table (3-c): Comparison between children's resilience (relationship with care giver sub-scale) for both groups at pre and post social skills training program (n=18 for each).

		Study		Control			
		M	±SD	M	±SD	t	p
Total score of relationship with care givers	pre	2.39	0.64	2.33	0.65	0.28	0.78
	post	2.51	0.27	2.33	0.65	1.09	0.29

*significant at p-value <0.05

Table (4-a): comparison between children's resilience (cultural context sub-scale) for both groups at pre and post social skills training program (n=18 for each).

		Study		Control			
Cultural Context		M	±SD	M	±SD	t	p
I have people I want to be like.	pre	2.11	1.02	2.17	0.99	0.17	0.87
	post	2.50	0.86	2.17	0.99	1.08	0.29
I know my family history.	pre	2.78	0.43	2.89	0.32	0.88	0.39
	post	2.83	0.38	2.89	0.32	0.47	0.64
I am treated fairly.	pre	2.06	0.94	2.17	0.62	0.42	0.68
	post	2.50	0.51	2.17	0.62	1.76	0.09
I like the way community celebrates things.	pre	2.33	0.69	2.17	0.51	0.82	0.42
	post	2.50	0.51	2.17	0.51	1.94	0.06

*significant at p-value <0.05

Table (4-b): comparison between children's resilience (educational and spiritual context sub-scales) for both groups at pre and post social skills training (n=18 for each).

Educational Context		Study		Control		t	p
		M	±SD	M	±SD		
Doing well in school is important.	pre	2.39	0.92	2.06	1.00	1.04	0.30
	post	2.78	0.55	2.06	1.00	2.69	0.01*
I feel fit in with other children.	pre	1.67	0.77	1.89	0.68	0.92	0.36
	post	2.28	0.46	1.89	0.68	2.02	0.05
Spiritual Context							
I participate in religious activities.	pre	1.89	0.83	1.72	0.75	0.63	0.53
	post	2.06	0.73	1.72	0.75	1.35	0.18
It is important to help my community.	pre	2.00	0.84	2.17	0.86	0.59	0.56
	post	2.44	0.62	2.17	0.86	1.12	0.27

*significant at p-value <0.05

Tables (4-a, 4-b, and 4-c) shows that, no statistically significant differences were found study and control between both groups at post intervention regarding all items of cultural and spiritual context sub-scales of resilience. However, a statistically significant differences were found between post program scores of both groups regarding one item of educational context sub-scale (doing well at school is important) where t=2.69 at p=0.01.While, no statistical significant differences were found between post intervention total scores of context resilience sub-scale between both study and control groups.

Table (4-c): Comparison between children's resilience (Context sub-scale) for both groups at pre and post social skills training (n=18 for each).

		Study		Control		t	p
		Mean	±SD	Mean	±SD		
Total score of context Sub-scale	pre	2.09	0.81	2.08	0.74	0.04	0.97
	post	2.22	0.54	2.08	0.74	0.65	0.52

*significant at p-value <0.05

Table (5): Comparison among Children's Resilience sub-scales for both groups at pre and post social skills training program (n=18 for each).

Sub-scales of Resilience		Study		Control		t	p
		M	±SD	M	±SD		
Individual	pre	1.85	0.73	1.77	0.67	0.34	0.73
	post	2.35	0.47	1.77	0.67	3.01	0.001**
Relationship with care givers	pre	2.39	0.64	2.33	0.65	0.28	0.78
	post	2.51	0.27	2.33	0.65	1.09	0.29
Context	pre	2.09	0.81	2.08	0.74	0.04	0.97
	post	2.22	0.54	2.08	0.74	0.65	0.52
Total	pre	2.11	.44	2.08	.39	.25	.79
	post	2.52	.21	2.08	.39	4.16	.0001**

**Highly significant at p-value<0.01

Table (5) reveals that, no statistical significant differences were found between post intervention total scores of relationship with care givers and context resilience sub-scales

between both study and control groups. Whereas, highly statistical significant differences were found between total scores of individual resilience for both groups at post intervention where t= 3.01 at p= 0.01, there were an increase in its mean in the study group from 1.85 to 2.35. Considering total scores of resilience scale, a statistical significant difference was found between both groups at post intervention where t= (4.16) at p= (0.001).

Discussion

The present research aims to evaluate the effect of a social skills training program on resilience among learning disabled children.

Results of the current study reveal that, statistical significant differences were found between study and control groups at post social skills training program regarding children's individual resilience. These results accept the current study hypothesis.

These results may be due to focusing on children's social skills deficits as the main target of remediation. Several individual attributes may contribute to socio-emotional resilience and academic achievements of those with LD (Haft, Mayers, & Hoeft, 2019). In the same line, social skills training programs typically includes a comprehensive assortment of skills such as planning, setting goals, working cooperatively, social problem solving, decision making, controlling anger, responding to aggression, responding to failure, dealing with frustration, using self-control, asking for help, friendships, conversation, and dealing with feelings (Kavale & Mostert, 2004). Consequently, this overlapped and bi-direct relationship between resilience and social skills highlight both variables as targets for intervention.

In Kavale and Mostert's (2004) meta-analysis of structured social training approaches, the increased difficulties experienced by children with learning disabilities in solving social and emotional problems in general and interpersonal conflicts, in particular, have been a consistent finding and focus for intervention. According to Kavale and Mostert (2004) these difficulties are associated with the inability of children with learning disabilities to process verbal and non-verbal information. Consequently, Social skills deficits have become a primary target for remediation and a major intervention activity for students with learning disability (Kavale & Mostert, 2004).

Another possible explanation for this finding is that social skills training interventions help in improving children' social perception (how to be well adjusted to the changing demands of the different ongoing social situations). Children with learning disabilities may be aware of what do in social situations, but they may not fully understand the reason or goal behind behavior. The inability to recognize social goals which cause them to experience more difficulty in interpersonal conflicts and more difficulty adjusting to the changing behavioral demands that comprises these social interactions. Social perception is considered multidimensional with its components related to different types of social skills. Social perception involves the ability not only recognize social and emotional information, but the knowledge of different social behaviors and their consequences in diverse social tasks (Ghby, 2012).

One of the most important explanations for the current study result is that social skills training interventions help in promoting children's individual capacities as well as modifying the familial and environmental contexts and counterbalance its negative effects

on children wellbeing. Resilience research has shown that a number of capacities and resources facilitate positive development and may have the potential to mitigate the impact of a learning disability on academic development and mental health (Raskind, Goldberg, Higgins, & Herman, 2002). Students with learning disabilities can exhibit socio-emotional resilience, or positive psychosocial adjustment despite risk presented by their learning disability. In the transactional nature of the resilience framework, learning disability can be seen as influencing a child at the individual, family, and community level. These factors can in turn be protective and counterbalance the risk presented by learning disability, thereby promoting resilience (Haft, Mayers, & Hoeft, 2019).

There is a large body of resilience research on the individual capacities that serve as protective factors for individuals with learning disabilities. Many researchers have emphasized the importance of students coming in terms of the fact that they have an LD and understand what that mean for them (Heiman& Kariv, 2004; Goldberg, Higgins, Raskind, & Herman, 2003; Higgins, Raskind, Goldberg, & Herman, 2002). They have reported that the more aware students are of their LD and the strengths and challenges that come with it; the better they are able to manage. Rather than being completely defined by their diagnosis, successful individuals with an LD have been able to compartmentalize it into one aspect of their lives (Goldberg, Higgins, Raskind, & Herman, 2003). Thus, their understanding of their LD and of themselves allows them to set realistic goals and courses of action in their lives (Heiman & Kariv, 2004; Miller, 2002).

Another explanation is related to the development of self-advocacy skills in children or their parents. In addition to building their self-awareness and self-acceptance of

LDs, the development of self- advocacy skills in parents of children with LDs help in developing self-advocacy skills in their children through modeling. The students saw their parents working with their teachers and speaking on their behalf when they felt that their children were not receiving the support or understanding they deserved. This responsibility gradually shifted from parents to children, and students begin to use these skills themselves to advocate on their own when they were older (Fullarton & Duquette, 2015).Without an accurate understanding of their LD, and without an accurate understanding of themselves as individuals with an LD, they would likely not to take over the responsibility of self-advocacy.

The importance of self-awareness and acceptance in the diagnosis in students with LD and the critical role that self-advocacy can play in the development of students with LD has been well demonstrated in the literature (Litner, Mann-Feden, & Guerard, 2005; Heiman &Kariv, 2004; Goldberg et al., 2003; Kolb & Hanley-Maxwell, 2003; Higgins et al., 2002; miller, 2002; Raskind et al., 2002).

A sense of control is another explanation for why social skills training interventions contribute in promoting children's socio-emotional resilience. Self- control is a capacity or an individual resource that emerged consistently in the literature as helping students successfully manage their LD (Freeman, Stoch, Chan, & Hutchinson, 2004; Kolb & Hanley-maxwell, 2003). Raskind et al., (2002) contended that successful students with an LD believed that they had the power to control their destinies and to affect the outcome of their lives, and that they had the power to control their destinies and to affect the outcomes of their lives, and that they proactively made their own decisions and took the actions

necessary to see that their decisions were realized. A pre and post study of a program for middle school students with reading disabilities showed that increases in locus of control were associated with more adaptive coping strategies, increased school engagement, and overall wellbeing (Lakey & Cohen, 2000).

Another possible explanation is that social skills training interventions help to create a positive attitude and temperament in children with learning disabilities. One of the individual capacities that appeared repeatedly in the literature was having a positive attitude and temperament, as this served to elicit positive responses from others and gave individuals with an LD the opportunity to take advantage of the resources in their environment (Heiman & Kariv, 2004; Kolb & Hanley-Maxwell, 2003).

Regarding psychological care giving, Results of the current study also reveal that, statistically significant differences were found between both groups at post intervention regarding items of; talking with family about feelings, family caring in hard times, and feeling safe in family.

This result may be explained as social skills training interventions help in providing supportive and helpful caregivers who are aware of their child problems and able to deal with it effectively. Supportive environments facilitate the development of individual capacities required by students with an LD in order to access the academic and mental health supports that they needed (Ghby, 2012). Attachments to others increase socio-emotional resilience for children with LD by providing a secure base where children can then direct energy and attention toward exploring their environment and acquiring

skills. Related to this is "stress and coping theory", the belief that when social support is believed as available, individuals are able to reframe negative experiences and engage in productive coping skills (Haft, Mayers, & Hoeft, 2019).

As regards total score of relationship with care givers, result of the current study reveal that no statistical significant differences were found between both groups after social skills training program. This result may be due to the inconsistent attitudes and behaviors of the caregiver regarding their child's behaviors, feelings, problems, conflicts, failures, and even accomplishments. This also may be due to the inconsistent attitudes between parents themselves when disciplining their child in addition to the absence of the expected ordinary roles of one or both of them. Parental support and involvement have been reported in the literature to be an important source in the lives of students with learning disabilities (Freeman et al., 2004; Goldberg et al., 2003). Unique roles for mothers and fathers in this socio-emotional resilience have been suggested by Al- Yagon as strong attachment to fathers is associated with more sense of coherence, hope and effort in children with LD, while attachment to mothers has been found to protect against loneliness and internalizing symptoms such as anxiety (Al- Yagon, 2016; Al- Yagon, 2014).

Results of the current study also reveal that there were no statistical significant differences found between both groups after social skills training program regarding the educational context of resilience. This result may be explained by different reasons; one of them is the absence of or ineffective roles of teachers in schools. In addition to the support provided by their parents, students with an LD have indicate the assistance from other significant people in their lives, including teachers, coaches, tutors, and friends has helped

them to cope (Goldberg et al., 2003; Raskind et al., 2002). Teachers are in a role to foster a classroom environment that promotes socio-emotional resilience (Haft, Mayers, & Hoeft, 2019). Supportive teachers can effectively protect children against negative impacts of peer rejection, controlling for other risk variables (Kiuru et al., 2012). Perceptions of teachers as caring and available are also important in promoting positive effect for LD students (Al-yagon, 2016).

In addition, Teachers who work with children and adolescents on a daily basis, can play a vital role in supporting and mentoring students with an LD. The university students interviewed by Miller (2002) reported that, just knowing that their teachers believe in them and their abilities went along way, and that the extra attention and support they provided make a difference in their lives, they also revealed that the one-to-one relationship that they developed with their tutors had more than just an educational impact, as these tutors come to fill a number of roles, including mentor, friend, and counselor.

Another possible explanation for this result is related to absence of school companionship. The school companionship factor describes situations in which having a friend is extremely important to children because without a friend in those situations they are, in essence, a lone in a crowd where other children all seem to have friends. These situations are including sitting together at lunch, playing together at recess, picking each other as partners, and helping each other with school work (Wiener & Tardif, 2014).

Friends is a facilitating resource for students with learning disabilities (Lee, Rojewski, Gregg, & Jenog, 2015; Freeman et al., 2004). Special friendships, even just one

friend, can make a positive difference by providing students with an LD with unconditional support and encouragement that they need (Miller, 2002). As Freeman et al., (2004) noted, friendships can also help keep struggling students connected with school when there is nothing else keeping them there.

The education system is another important explanation for this current result. According to Womack, Marchant, and Borders (2010), the education system does not provide the curricular framework for explicit social instruction to be taught. Given that educators and administrators may not feel that they can justify allotting time exclusively to social skill intervention, an effective solution to the time constraints and pressures to produce academic gains is to embed social skill instruction in to a read-a loud time using literature. Womack et al. (2010) highlight how social skill instruction that is carefully planned, implemented, and scaffolded into the curriculum presents a greater opportunity for learning than does incidental social skill instruction.

The poor connection between school and home can justify this current result. The ability to identify academic challenges and implement the appropriate supports and interventions early in students' lives is predicted on good communication and interaction between home and school. Parents need to be actively involved in their children lives so that they are aware of any challenges they are facing, and teachers need to be invested in their students so that they can detect when they are struggling and showing some of the early signs of an LD. It is also imperative that educators and parents increase their awareness of the potential for these social skills deficits among those with LD, effectively

communicating and understanding the unique social skill challenges that their children might be effectively addressed in environmental situations (Ghby, 2012).

Ongoing communication between parents and teachers is crucial in identifying social deficits in students with LD. When Sim, Whiteside, Dittner, and Mellon (2006) explored the effectiveness of a social skills training program with school age children and evaluated the transition to the clinical setting. They found when parents were involved, ratings of social skills among students with high incidence disabilities were higher and ratings of aggression, as compared to a control group, decreased. Concurrent parent sessions were implemented throughout the duration of the student treatment, which contributed to generalizability of social skills (Sim et al., 2006).

Results of the current study prove and accept study hypothesis, learning disabled children who will receive the social skills training program will have statistical significant differences in resilience than children who will receive traditional care at post intervention than pre intervention.

Results of the current study comes in the same line with Mafra's study (2015) which examined the effect of social intervention program on academic achievement and social status of students with learning disabilities. The intervention program lead to significant improvement in all dimensions of achievements in the Arabic language with all students, in addition to significant improvement in all the participants' social skills. It is found that there has been an improvement in the level of self-image with all students. Emotionally and in terms of interpersonal relationships, the students became more open,

expressed their emotions to others, more capable of functioning in a group and cooperate and express solidarity with others, respect their opinion and property. The students' responses became proportionate and restrained towards their peers; they avoided abusive language and behaved by positive values such as grace, loyalty, patience, and complicity.

In agreement with the current study results, a study conducted by Panicker and Chelliah (2016) to assess the levels of resilience, depression, anxiety, and stress among children and adolescents having specific learning disability (SLD) and to compare with those having borderline intellectual functioning (BIF). It is also aimed to evaluate the parental awareness about their child disorder. Low levels of resilience was found in 75% of children and adolescents with SLD, severe stress (16.6%), severe depression (14.2%), and severe anxiety (23.8%) were seen. The level of resilience was lower among participants with SLD as compared to those with BIF. Ninety percent of parents were aware that their child had SLD. However, only 39% gave individual attention for assisting them in their studies.

Current study results also consistent with Piers and Duquette's study (2016) in which a retrospective multiple case study design was used to explore the educational journeys of students with LD from the prespectives of students and their families. The participants identified a number of interactions among the students and their parents, teachers, and peers that help shape and develop the capacities they need in order to negotiate for the supports and resources that sustained their well-being. These capacities included an awareness of their LD and themselves as learners, the self-advocacy skills they need in order to seek out and negotiate for the supports and accomodations that would help

them succeed, the ability to set lofty yet attainable goals, the perseverance to work toward goals in spite of setbacks and challenges, and the willingness to use the supports and resources that were available to them.

In contrast to current study results, Kavale and Mostert (2004)'s meta-analysis of social skills interventions revealed that social skills training did not enhance the social status of students with LD or did training help advance greater interaction among non-disabled peers. In fact, they concluded that treatment effects were modest and estimated that only about 58% of students with LD would significantly benefit from social skills training. Despite these results, students with LD did feel an enhanced social status but still attributed any success achieved to luck rather than effort. In this case, students' external locus of control was unaffected indicating that while their perception of change in their situation may seem improved, these students with LD fell their improvement was out of their control and just happening to them.

Kavale and Mostert (2004) suggest that a number of variables might be responsible for the lack of significant social skill growth within their analyzed interventions, including the reliance on training package, intensity of the program, as well as measurement issues.

Kavale and Mostert (2004) propose that a solution for social skills training is the need for social skills interventions to be more closely coordinated with academics to achieve maximum results. It has been also suggested that many interventions used in research studies are not adequately validated and therefore may not yield desired results. Most instructional programs used to teach social skills were developed specifically for research purposes and may lack authenticity in the classroom.

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