Effectiveness of Social Skill Therapy on Adjustment Attention Deficit Hyperactivity Disorder Children Behavior

Sattar Kikhavani1*, Shirin Ebrahimian2, Shirin Soltani2, Jila Khaniabad2

ABSTRACT: Background and objective: Effectiveness of Social Skill Therapy on Adjustment Attention Deficit Hyperactivity Disorder Children Behavior. Material and Methods: Research method is a semi experimental socio-statistic approach consisting of experimental group (Social Skill Therapy) and control group. Participants were all Attention Deficit Hyperactivity Disorder Children in Hamedan and who Adjustment Behavior. Based on stratified random sampling, 12 patients (ADHD) were placed in each group. the former and latter clusters were trained in between the one and one and half an hour of 12 sessions while the control group had no therapeutic training. The therapeutic clusters were assessed with of Vineland Adaptive Behavior Scales (VABS). Inventories during both pre and post tests and evaluated with the analysis of covariance. Results: The results of this study showed that there were significant differences between test and control groups after intervention (p<0.001). Conclusion: According to the results above, we can say, in the area of treatment and working ADHD with Social Skill therapy group according to its nature, seems to be very efficient and promising.

Keywords: Social Skill Therapy, Adjustment, Attention Deficit Hyperactivity Disorder.

INTRODUCTION

Attention-deficit hyperactivity disorder, the most common disorders of childhood psychological and neurological development, which often continues to adulthood, and different aspects of their life, family and social person, difficult for the (Barkley, 2006) and pattern loss sustained attention, hyperactivity and impulsive behavior or which, more and more common that, usually in children and adolescents, with similar growth levels seen (Sadock and Sadock, 2007), it was thought in the past, hyperactivity disturbing signs of the disorder, but experts believe that today, hyperactivity, poor impulse control is often secondary (American Psychiatric Association, 2000). Attention-deficit hyperactivity disorder diagnostic criteria today, hyperactivity and impulsivity common one dimension, such as (Barkley, 1997). (American Psychiatric Association, 2013), the dominant attention deficiency disorder into three different types, hyperactivity and dominant hybrid classification is that all protests are a failure. To consider the diagnosis, have some of the symptoms before age 7, appear, however, in many children, the disorder at the age of 7 years old, diagnosed, when their behavior causes problems, outside the school and social (Closson, 2010). The disorder in the early 1900s, the so-called children's impulsivity, and hyperactivity Inhibition breaks, many of whom suffer from neurological damage, encephalitis have been described, and hyperactive syndrome, were classified (Conners, 1990), in the 1960, a heterogeneous group of children with ataxia, learning disabilities, and emotional instability without specific nerve damage with minimal brain damage described, and then, hypotheses to explain the root of this disorder were raised (Sadock and Sadock, 2007). Now there is a consensus on the cause of the cause of the disease is due to a complex balance of neuro-chemical systems (Bussing et al., 2010). The community view, based on genetic studies of family, twins and adoption studies of dopamine transporter gene studies, neuroimaging, and neuropsychological data media (neurotransmitters) is (Faraone et al., 2003) reports all Epidemiology in the United States showed that 2 to 20 percent of primary school children suffering from this disorder (Tamm et al., 2005), which is about 3 to 7 percent of children of primary school age before puberty (Montoya et al., 2011) and the male to female ratio of 2 to 1, 9 to 1 is more common in girls (Sadock, 2010). According to the information above, these kids are having difficulty adjusting behaviors in the community, and one of the main goals of education of these children, their adaptive behavior. This adaptation includes matching or absolute obedience, the exercise of power. But the increase a
person’s ability to find a compromise with the situation without the supervision and leadership of others. This adaptation involves behavior that, to help, to the lowest levels of anxiety, to find a compromise position, and behavior that will increase personal growth (Zamani et al., 2015). Children with psychiatric disorders such as healthy children, a number of basic needs. One of the needs of the child is feeling. Children with attention deficit / hyperactivity, due to external disturbances, attention and encouragement are, and they feel less success. Parents and teachers, fewer of them, and regardless of their handicap, unrealistic expectations are of them. According to the findings of the studies, children who are deficient in social skills, short-term and long-term, negative consequences associated with it occurs, and problems in adolescence and adulthood will be more severe (Rinn and Mark, 1979, as quoted by Lowell and Barbara, 1993). As well as social skills, with many problems in adapting to the classroom, accompanied (Zamani et al., 2015). Children with social maladjustment problems, deficiencies in social skills, such as communication, cooperation and relationships with peers show (Rinn and Mark, 1979). Given that these children Coping skills, adaptive behavior with people and society, with other people, so they need special training, this study aims to compensate for these defects, the impact of social skills, adaptive behavior Children with hyperactivity disorder / attention deficit, was performed.

MATERIAL AND METHODS

The design of the study, half of the experimental control group design, with pre and post-tests. The research included all children 5-9 years old with attention deficit hyperactivity disorder, which, in the winter of 2014 to clinics Welfare, and private centers referred Welfare. Because in groups of 8 to 15-member group is used, taking into consideration that the treatment group, a sample of 24 patients with attention deficit hyperactivity disorder, were selected as the next The loss in the briefing (before the beginning of treatment, due to the long treatment, and lack of care for children when, in the class attended), and in the treatment group, 20 patients (10 patients each) were (to those who desire The groups did not, because ethics were taught individually, but were excluded from the study that the number of 4 people who, before the start of the process of division, the groups were abandoned). Intervention and control groups, the Vineland adaptive behavior scale, the pre-test and post-test, responded. Login with regard to social criteria, including: (1) having attention deficit hyperactivity disorder diagnostic criteria; 2) age range between 5 -9 years; 3) lack of medical treatment at the same time, to study 4) The acquisition marks 1 standard deviation below the mean, Vineland adaptive behavior scale. Adaptive behavior Vineland scale, standardization of forms Adaptive behavior Vineland scale survey in the 76 -75 years by tall stature, and as has been Tavakoli and Baghooli done. This form contains 297 items, in four areas:

Communication skills, daily living skills, socialization and motor skills cover, and provide an assessment of adaptive performance. It also has an optional area of adaptive behavior, which has two parts. The first part, the behavior of adaptive measures and the second part contains material that extreme behavior is adaptive. The reliability value of standardization, in the age group 11 years to 18 years and 11 months, standardization Adaptive behavior Vineland scale, it is as follows: in relation to 0.86 by an average of 8.0 0.84, in daily living skills, from 0.79 to 0.87 with an average of 0.83, 0.82 and 0.88 in the social sphere, the average is 0.85. Data using t, and analysis of covariance were analyzed using the software spss19.

RESULTS AND DISCUSSION

Results

The age range of participants in the experiment were between 5 to 9 years, and the mean age of the experimental group and control group, respectively 2.08 7.34, 7.81 and 2.73, which, according to t-test a significant difference between the experimental and control groups in terms of mean age was found (P =0.84, t =0.29).

<table>
<thead>
<tr>
<th>P value</th>
<th>Control group</th>
<th>Examination group</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>The mean (SD)</td>
<td>The mean (SD)</td>
</tr>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>&lt;001.0</td>
<td>76.196 ± 76.6</td>
<td>194 ± 54.7</td>
</tr>
<tr>
<td>001.0</td>
<td>11.198 ± 73.7</td>
<td>95.7 ± 237</td>
</tr>
</tbody>
</table>

The mean scores Adaptive behavior subjects in the pre-test and post-test, given in Table 1, and results showed the effectiveness of social skills training on adaptive behavior in children with hyperactivity disorder / dysfunction, consideration.

With regard to the establishment of the assumption test scores after controlling for pre-test, post-test mean for the group estimated using covariance analysis, comparison, and the results are given in Table 2.
Table 2. summarizes the experimental and control groups analysis of covariance

<table>
<thead>
<tr>
<th>significance level</th>
<th>F</th>
<th>Mean square</th>
<th>Degree of freedom</th>
<th>Total square</th>
<th>The source changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001</td>
<td>0.062</td>
<td>1.13</td>
<td>948.2187</td>
<td>1</td>
<td>Therapy methods, social skills and control</td>
</tr>
</tbody>
</table>

Based on the table above, the probability of accepting the null hypothesis to compare the performance of experimental and control groups, the post-test Adaptive behavior variable, is smaller than 0.001 (P <0.001, F =113.062).

Discussion

Pre-test and post-test children with hyperactivity disorder / attention deficit, is clearly an increase in the scores of adaptive behavior, social skills after training, compared with the control group showed that confirm the effectiveness of social skills training. In line with this study include research (Mercer, 2001), (Lavbel and Barbara, 2008) mention that the efficacy of this treatment in children with brain disorders, and the results showed that social skills training, increase adaptive behaviors and self-help, including compliance with health habits, social responsible behavior, interpersonal relationships, autonomy and personal skills. Research of (Nihira et al., 2010), (quoted Zamani et al., 2015), which was performed on adults with mental retardation, demonstrated skills training, an increase of self-help and social adaptive behavior, and subjects could, in the community appear to be more positive. Since the behavior of hyperactivity / attention deficit that, along with the more active, a peaceful external Destructive behavior is known, treatment education, according to its nature, seems to be effective, because the children of behaviors and impulses friends and relatives suddenly abandoned, and the need for self-help skills and special training in the skills that make them adaptive behavior in the lead. The results (Ganzberg, 2007; quoted Habibi, 2014), which focuses on eBay and irresponsible children and adolescents was conducted showed that this treatment is effective in increasing positive behaviors, and of the positive behavior of the adolescent positive feedback that, in response to people in the community were given, and these people's problem-solving skills, higher, and better than ever able to solve their problems. The attack effectiveness of this treatment, the study found that children with attention deficit hyperactivity disorder, impulsive behavior with explosive anger also that, with their risky behaviors, social skills training, accepted, and their pain studied, and skills as well as skills-based change, based on the reception we use, and the effectiveness of this research is that the treatment not only enhances adaptive behavior in children with attention deficit hyperactivity disorder are but perilous behavior and sudden impulses of patients also reduced.

CONCLUSION

The results showed that social skills training, adaptive behaviors in children with hyperactivity disorder / attention deficit, effective, and improve symptoms of adaptive behavior, and reduce risky behaviors, and implementation of this type of research, is of great importance, and the results can be good ways to provide psychologists and counselors, and with regard to the effectiveness of this treatment, the improvement of social skills, the strategy can be used as part of treatment in a Program permanent run.

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REFERENCES


