



## Effect of coping with stress training on the social adjustment of students with learning disability

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### **Original Article**

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### **Introduction**

Learning disabilities could be the most important cause of poor academic performance and each year many students suffer from this disorder and have difficulties in learning contents. Students with Learning Disability (LD) are in the range of average intelligence or higher than normal but have lower academic performance than other students. Despite being in proper educational environment, lack of

### **Abstract**

Learning disability includes wide range of educational problems which treating these problems need child's social, emotional and behavior treatment. As prevalence of learning disabilities among children and their difficulties, the purpose of this study was to investigate the effect of coping with stress training on social adjustment of students with learning disabilities. The statistical population consists of all boy student with learning disabilities in learning disabilities center, in which 34 students were selected by convenience sampling. The social adjustment questionnaire was used. The experimental group had coping strategies training in 9 sessions for 90 minutes every week. Covariance analysis was used to compare the scores. The results showed that there was significant difference in pretest and posttest of experimental group. The findings also indicated that coping strategies training increased social adjustment, affective and educational adjustments of experimental group in comparison of control group. Appropriate strategies can be used for dealing with stress in students with learning disabilities. Coping training can be used as supplemental program in schools and centers of learning disabilities to improve the adjustment problems of these students.

**Keywords:** Coping Skills, Learning Disabilities, Social Adjustment

obvious biological lesions and lack of non-acute mental health problems they are not able to learn in specific academic areas (reading, writing and arithmetic) [1].

Learning disabilities encompass wider range of academic problems and its understanding needs attending to child's various social, emotional and behavioral areas [2]. Probably inability in social skills is the most important

problem for these students because these skills can affect the various areas of life [3]. Social adjustment includes individual's adjustment to the social environment which can be achieved by involvement, matching, reconciliation and cope with oneself and the environment [4]. Social adjustment in students with learning disabilities arises in communication, problem solving, decision-making and managing behaviors. Since social adjustment is related to the acceptance by classmates, teacher and their success in the school, and due to lack of guidance at home and school or lack of education about values, these students can not show appropriate behavior in different social situations [5]. Social problems and aggressive behaviors among children can be resulted from their disability also bad experiences and continuous defeats can cause stress, anxiety, frustration and violence [3]. When individuals are in stressful situations, emotional regulation enables them to evaluate the emotional impact of the condition and help them to decide what kinds of emotion or reaction is appropriate [6]. Tension and stress have become important and inevitable parts of human life. Studies in this field have focused on whatever endangers health which may not be tension but is individual assessment of tension and methods of coping with it [7]. Coping strategies have been defined as a set of cognitive and behavioral responses that aim to minimize stressful situations pressures [8]. The important point is that all of these skills are learnable and can help the person in controlling problems such as proper adjustment to depression, anxiety, shyness, interpersonal relationships and failure [9]. Researchers have shown that stress coping strategies have some significant effects on the individuals' adjustments. A study about the relationship between optimism and coping strategies indicated that students who used cognitive coping and social support showed more social adjustments and academic achievement in school [10]. The result of a study on 84 adolescents 12 to 16 years old who had a chronic disease indicated that the coping strategies are effective on self-esteem, social anxiety and social adjustment. [11]

Another study's results implied that the stress coping strategies are effective on reducing the level of stress and also recognizing social adjustments [12]. The research was conducted on teaching coping strategies and showed that after training people mentioned greater life satisfaction, reduction of stress and more academic adjustment [13]. The results of the study suggested that students who have passed the training course have shown better educational and social adjustment [9]. Research on effectiveness of life skills training on coping and social adjustment indicated that the training had positive effect on students' coping with stress and social adjustment [14]. The results in relation to training mental health and emotional coping strategies in a sample of 500 students showed that teaching strategies increased mental and physical health, reduced behavior problems and enhanced social adaptation [15]. Most of the studies in the field of social adjustment are related to normal students and fewer were conducted on students with learning disabilities. Also more studies in this area seem necessary by considering high prevalence of learning disabilities and the role of different aspects of coping for success, health promotion and reducing the problems of students with learning disabilities. This study seeks to answer the question of whether training coping strategies will impact on the social adjustment of students with learning disabilities.

### Method

The present study had a quasi-experimental design with pretest and posttest with a control group. The study population included all of boy students in learning disabilities centers in Ilam, the West of Iran. The study sample consisted of 34 boy students with learning disabilities (third to fifth grades) that were selected by convenience sampling method. They randomly were assigned into experimental group (17 students) and control group (17 students). In the study, the pre-test and post-test were administered for both experimental and control groups before and after the intervention. The results of the pretest

and posttest in each group were compared. Sinha and Singh Social Adjustment Scale which has been translated by Karami [16] was used. The scale includes social, emotional and educational adjustment measures. The answers in this test are as yes and no and the high score (31 and more) indicates the maladjustment and the low score indicates adjustment (5 and less). The reliability coefficient of test is reported by Split-half, test-retest and Kuder Richardson coefficient, 0.95, 0.93 and 0.94 respectively. The reliability of the social, emotional, educational and total subscales is reported 0.92, 0.96 and 0.94. Also its content validity has been confirmed by 2 psychology experts that showed high reliability and validity [17].

Procedure: The experimental group had coping strategies training in 9 sessions for 90 minutes every week. The content for each session is included.

First session: Introducing members of the group together and creating positive relationships and awareness of the benefits of teamwork than individual work and strengthen the spirit of partnership and cooperation.

Second session: Strengthen relationship based on cooperation, definition of role of thoughts and beliefs in the incidence of people's stress, mental pressure and mental health.

Third session: training about I am a unique person with goal that the children consider themselves as unique, become familiar with their strengths and capabilities, develop self-esteem and promote adaptation, training relaxation and breathing.

Fourth session: training self-awareness, the ability to recognize emotions and the relationship between thoughts, feelings and reactions, helping to identify and express feelings of individual, assessing the efficacy of relaxation techniques.

Fifth Session: Identifying negative thoughts and combat them, creating negative propaganda against the spirit of resistance.

Sixth session: Training methods of problem solving and cope with the problems and methods of making the right decisions and training the mental imagery visualization in mind.

Seventh session: Training positive thinking and positive self-expression.

Eighth session: Training of distraction techniques, satisfaction and happiness in life.

**Table 1** Sessions content

Sessions	Content
1	Introducing participants to start positive interaction, explaining the purpose, reinforcing cooperation
2	Definition of stress, roles of ideas and beliefs
3-4	Training of self-awareness, recognizing self-feelings and abilities, reinforcing self-confidence and promotion adjustment, being realistic about abilities and weaknesses
5	Identifying negative thoughts and combat with them, a spirit of resistance to negative publicity
6	Training of proper decisions and cope with problems
7	Positive self-expression, Life satisfaction
8	Communication role in human interactions, the volubility of self-expression
9	Conclusion

Ninth session: Summary and analysis of the techniques which have been taught.

Data was analyzed by using descriptive statistics such as mean and standard deviation with respect to test assumptions by using Multivariate analysis of variance with SPSS 19.

## Results

In this part the information about implementation of the social adjustment scale on participants of the two groups were

analyzed descriptively. The information includes frequency; mean and standard deviation in both groups. This data was first briefly summarized by using descriptive data and then inferential analyses were studied in details.

Table 2 showed that the mean scores for social, affective and educational adjustments in experimental group were decreased in the posttest which this change is not observed in the control group.

**Table 2** Descriptive data for adjustments in pretest and posttest

Variables	Group	Pretest Mean $\pm$ SD	Posttest Mean $\pm$ SD
Social adjustments	Experimental	10.24 $\pm$ 1.95	6.06 $\pm$ 1.52
	Control	9.65 $\pm$ 1.58	9.53 $\pm$ 1.55
Affective adjustments	Experimental	10.71 $\pm$ 2.64	5.82 $\pm$ 1.42
	Control	9.65 $\pm$ 1.58	9.53 $\pm$ 1.55
Educational adjustments	Experimental	9.18 $\pm$ 1.98	6.06 $\pm$ 1.20
	Control	9.24 $\pm$ 1.60	8.88 $\pm$ 2

As shown in Table 3, the results showed that the data are normally distributed by social adjustment scale (Kolmogorov-Smirnov test is not significant in any of the components). Therefore, assumption of normal distribution of data is met.

As can be seen in Table 4, the results showed that Levene test is not significant in any of the components of social adjustment scale which represents that the variances are, so homogeneous multivariate analysis of covariance testis applicable.

**Table 3** Probability distribution

Variables	Z Smirnov	p-value
Social adjustment	0.61	0.85
Affective adjustment	0.84	0.47
Educational adjustment	0.94	0.29

**Table 4** Leven test for different variables

Variables	F	Df1	Df2	p-value
Social adjustment	0.233	1	32	0.633
Emotional adjustment	0.026	1	32	0.873
Academic adjustment	0.119	1	32	0.32

As can be observed in the Table 5, comparing the posttests of two groups indicated that the social adjustment scores for experimental group were decreased

significantly ( $p < 0.005$ ,  $F = 174.125$ ) which means the social adjustment of this group was improved and the coping strategies training was effective.

**Table 5** Covariance analysis

Variables	Df	F	p-value	Effect size	p-value	
Social adjustment	1	1.141	0.294	0.038	0.178	
Affective adjustment	1	5.091	0.032	0.149	0.588	
Educational adjustment	1	6.635	0.015	0.186	0.702	
Group	Social adjustment	1	174.13	0	0.857	1
	Affective adjustment	1	51.544	0	0.64	1
	Educational adjustment	1	46.36	0	0.615	1
Error	29					
tTotal	34					

Also, the posttests for two groups indicated that the affective adjustment scores for experimental group were decreased significantly ( $p < 0.005$ ,  $F = 51.544$ ) which means the affective adjustment in this group was improved and the coping strategies training was effective.

The posttest result for the educational adjustment was the same and educational adjustment scores for experimental group were decreased significantly ( $p < 0.005$ ,  $F = 46.36$ ) which means the educational adjustment of this group was improved and the coping

strategies training was effective.

### **Discussion**

The findings suggest that coping with stress strategies training have been effective in increasing the emotional, educational adjustment and generally social adjustment of students with learning disabilities. Results of this study are consistent with some previous studies in this area [10-15]. Learning disabilities causes problems in the social, emotional and educational areas for students [18]. Learning disabilities of students can cause social, emotional and educational adjustment problems for them. Social adjustment means adopting individual's ability in social environment which cannot be achieved by students with LD but may be achievable by changing the self or the environment. Emotional adjustment means good mental health, life satisfaction and harmony between feelings and thoughts. In other words, the emotional adjustment is mechanism by which person is emotionally stable. Capabilities and competencies of social and emotional factors are critical in influencing academic adjustment [6]. Social adjustment is on top of compatibility issues and if anyone in this field is able to carry out its mandate, in other areas also will not be faced with the problem [19]. Research's results have shown that there is significant relationship between educational, social and emotional achievement [20]. The results of study showed that children with learning disabilities have higher rates of emotional and social adjustment problems compared to their normal peers [21]. Usually, students with learning disabilities are reluctant to their peers, especially in academic activities [22]. These groups of students cannot face severe stressful situation and they show less consistency. They feel more stress and danger than others when they are in stressful situations and cannot make proper emotional decisions, avoid impulsive behavior and have self-control on irrational beliefs. Therefore, teaching coping with stress strategies can lead to avoiding impulsive behaviors and emotional decisions in encountering with stressful

situations. Also, appropriate adjustment in the academic, emotional and social adjustment would be achieved by reducing stress and anxiety and the use of appropriate cognitive and metacognitive strategies such as self-regulation and effective communication with community members.

It is also necessary to mention that despite the strategies and methods of coping with it, there have been attracted attention in recent years by psychologists, professionals and researchers but experimental data is still low that support the impact of these interventions in patients with disability. Thus, researchers can examine the coping strategies on other psychological variables in this group and group with other disorders so it will help to broaden the scope of these studies. Each research has some limitations. One of the limitations of this study was the lack of follow-up and convenience sampling which is recommended these points to be considered in the future research to achieve fruitful results.

### **Conclusion**

The findings of this study indicated that coping strategies training enhanced the social adjustments of students with learning disabilities. It seems that teaching these strategies can reduce the stress and anxiety of students in stressful situations and help them to have better mental health. Considering that students with learning disabilities have emotional problems, coping skills training can prevent or decrease their mental disorders and increase their emotional adjustment.

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Study design: SKh, NA

Data collection and analysis: SKh, AB, GM

Manuscript preparation: NA, SKh

## Conflict of Interest

The authors declare that they have no conflict of interests.

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