

The Effect of Training Social Skills on Increase Social Development and Decrease Behavioral Disorders in Mild Retarded Children

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Abstract: The aim of this research was the effect of training social skills in the social development and behavioral disorders of mentally retarded students. Samples were 70 persons and selected by randomly in two groups (i.e., 35 subject in control group and 35 ones in experimental groups). The instrument for study was Vineland's social development and did not find any significant differences between them. Then the experimental group training social skills for 12 week and then both of groups were tested. Data were analyzed by multi factor variance statistical method. The results at ($p < 0.05$) showed that there were significant differences between experimental and control group on social development and total points of behavioral disorders and its ingredients, in the other word education of adaptable behaviors in educable mentally retarded children could an increase in social development and a decrease in behavioral disorders to them.

Key words: Social development, Behavioral disorders, Mild mental retarded

INTRODUCTION

About 2.2% of society population have intelligence quotient less than 70 (Milanifar, 1993). These children have problems not only concerning recognition growth but social development, and the major aim to train these children is developing social concordance and accepting social responsibilities. Bassaroth (2001), in a review of effective factors on making behavioral disorders in children indicated that factors like unsocial friends are from factor factors than can be good predictions for the possibility of causing behavioral disorders in children, the children who are abused by their parents and those who are neglected will be more affected by behavioral disorders. If mentally retarded children can match themselves with life, they should acquire skills which are more concerning with the field of self-assistance. Training social skills with different methods can cause concordance with society in mentally or physically retarded children. These training should be directly or indirectly planned and performed on emotional matters and according to the kind of parent disorder (Carmichael, 1993). Social skill cause the ability of making reciprocal relation with others in especial social affair that is acceptable or valuable in the society and on the other hand, they are useful for person or helpful for others. Nowadays, social life within which organizations and social relations are more complex than before, social skills are essential for a person's survival in the society and achieving partial self-sufficiency. Because achieving the partial level of economic self-sufficiency is affected by these skills. Familiarity with different social environments and realizing the similarities and differences between them is the first step to represent suitable behaviors with each environment. Recently, in most countries of the world, the especial programs and plans have been considered in order to transfer mentally retarded children from protected environment of school to the society that is known as transfer program. These programs have been designed to facilitate the process of transferring these children from school to the work place and consider the issues like active participation in society and concordance with values and society norms by mentally retarded person. The importance of these programs is so that in America, the law of education and training for mentally of physically disable and retarded children make it obligatory for all people above 16 years old to use transfer program as a part of individual training program. Salomon (2000) reported a 4 year old mentally retarded child and his treatment by using the effect of social skills training to develop social relations writes: The mentioned child not only was very weak concerning social relations but also he had no cooperation with physician at the beginning of treatment but after two months of performing training activities, the first positive answer were indicated.

Solomon points out that one of the most effective treatment methods for these children are playing games and training social skills. Komazawa (2000) in a case study and biting behaviors of screaming, cursing, throwing and biting of a child performed training social skill according to this strategically plan of speech command and the results of this study indicate the decrease of aggressive behaviors.

In a research in Iran, performed by Jalilvand (2004) on 70 mentally retarded children 9-12 years old and capable of training, the effect of social behavior training through play arts in their social development and growth has been considered. The results showed that these training cause the increase of social development and growth of their life quality.

Shahni Yeylagh and Sabeti (1998) in a research entitled “ the effect of training social skills on decrease of social and emotional unsociability about unsociable male students of primary schools in Ahvaz,Iran indicated that training social skills is effective on decrease of social and emotional unsociability of unsociable male students. The research performed by Arjmandi (1997) entitled “The study of the effect of training social skills on the adaptable behavior of mentally retarded children capable of training which was done on 28 mentally retarded children. The finding indicated that the experiment group has achieved meaningful improvement in the adaptable behavior of daily life skills and social skills after passing the training sessions. Moreover, the continuous studies indicated that the result improvement have been achieved after training while the witness group had not only meaningful change in variables.

Tuttl,Campbell and Heidar (2006) in a research added training behavioral and recognition skills with the name of life positive skills to the students’ syllabus and examined reciprocal relations between them. The finding of this research showed the remarkable capability of teenagers in order to develop and their and their positive flexibility.

Dodge,Trister and Bickart (2006) studied three social training skills of self-confidence, self-control methods and friends finding in pre primary school children. They believed that training self-confidence is the feature of students interested and eager to seek knowledge and ask question. They know how to control their own feelings and emotions. The participants had good skills in order to make relation with others after passing the training course.

Gresham,Baovan and Cook (2006) in a research considered social skills as substitution behaviors for students exposed to danger. They taught these skills to the aggressive children and teenagers who had behavioral and emotional disorders during 12 weeks. These skills included wrath control, friend finding, expressing on self and making effective relation. After completing the training and analyzing the results, the researchers found that the training of social skills has had positive effect on the mentioned variables.

Matsuda and Uchiyama (2006) in a case research “entitled the training of self expressing in the psychosomatic diseases and mental disorders” taught social skills and self-expressing to 4 patients. The findings indicated that training was a cause by which patients could gain a suitable pattern to develop social skills and use it to overcome situation consisting various mental stressful factors.

Deboo , Prims & Pier(2005) in a research entitled “Lack of social competency in children with ADHD syndrome (Attention-Deficit or Hyperactivity Disorders) and training social skills”. After training social skills to some children affected by lack of attention and hyperactivity found that these skills can be effective in order to increase relations with friends and decrease key factors including lack of acceptance and seclusion.

Bildt and co-workers (2003) in a research entitled “ The effect of training social skills on children with intelligence disability studies about 363 children with low intelligence disability and trained them social skills like making relations and daily life activities. The findings show the effect of these skills on the participants.

Takahashi and Kosaka (2003) represented training social skills to the patients with behavioral and neurotic disorders and those who were affected by mental anorexia and 136 participants passed the course of social skills training. Finally, after passing their course, they could acquire necessary skills.

Kadish and co-workers (2001) believed that criminals face shortage in their social skills and need training. They found in their research that training skills like effective relation, agreement, responsibility and inter personal reciprocal relations can increase the social capability of criminal teenager.

Lyons (2002) has trained social skill to his 8-16 patients. His methodology had been focused on training and exercise and problem solving basically in the real social situation. His research findings indicate the usefulness of changing the way of understanding of the children affected by hyperactivity disorder and lack of attention.

Kuchaki (2005) investigated the effect of social skills on the individual-social concordance of criminal teenager and found that curative interference causes increasing individual and social concordance of criminals.

Arjmandi (1997) studies the effect of training social skills on the concordant and sociable behavior of mid retarded children. The results showed that the experimental group achieved the meaningful improvement concerning sociable behavior and social skills after passing training sessions.

Therefore, the aim of this research as the study of the effect of training skills in social development and behavioral disorder of mild retarded children and the following hypo these were tested in this respect as follows:

1. Training social skills cause the increase of social development in the mild retarded children
2. Training social skills cause decrease of behavioral disorders (aggression, depression, unsociability, lack of attention and antisocial behavior in the mild retarded children.

Methodology:

Subjects:

The statistical population of this research includes all mild retarded children of Shoush City Iran who were studying in Shahid Fahmideh School for exceptional students . In order to select sample, among all mentioned children, 70 children (i.e., 35 children including 21 boys and 14 girls) in the experimental group and 35 children (i.e., 21 boys and 14 girls) in the control group were selected in sample random method according to the age and educational status as sample members. Research plan was in the form of pre-test and post-test with control group, so that firstly pre-test was performed from experimental and control groups and finally the interference was performed for two groups of post-test. The difference between pre- test and post-test in each group concerning meaning fullness was studies. Then training of social skills was considered as an independent variable, so that its effect on the social development and behavioral disorders will be distinguishes.

Instrumentation:

In the present research, the questionnaires of Vineland social development scale and Ratter behavioral evaluation (Teacher form) was used to control data.

Vineland Social Development Scale:

This scale is prepared and represented by Edgardal which consists of 117 items (questions) that are divided to different age groups. The required information is gained through interview with participant (if his age is suitable for interview) or asked from his parents. These questions are related to daily life of participant and include eight parts as follows: Self-assistance in the clothes, general self-assistance, self-assistance in eating food, self-direction, sociability, movement and activity, occupation and making relations.

The way of scoring is so that for each behavior that participant performs frequently, a positive score and if that behavior is not performed or it is not performed frequently, the negative score is considered.

The Vineland scale is challenged on 620 people including 10 male and 10 female in each age groups from birth till 30 years old. The Validity coefficients through retesting 133 participants are reported 0.92 of course with this explanation that the time interval of retest was from one day till 9 months (Anastazi, translated by Brahni, 1992). Also, in Ahvaz, Vineland test was challenged on 300 students of firs grade primary school in 7 years old and the findings of validity were calculated by the bisection method of Spearman Brown equal to 0.90 and Guttman value 0.86 and validity coefficient through the method of Chronbach Alpha was calculated equal to 0.85 (Shahni, Yaylagh, & Sabeti, 1998). In the present research, in order to define the scale validity, two methods of Chronbach Alpha and bisection was wed which were equal to 0.63 and 0.65 respectively.

Moreover, the scale reliability was calculated according to component reliability that was equal to 0.26 ($p < 0.008$).

Ratter Behavioral Evaluation Questionnaire:

In order to collect the required information about behavioral disorders in this research, Michael Ratter behavioral disorders evaluation questionnaire has been used. This questionnaire to evaluate the behavioral problems of Iranian children in Shiraz. Thos questionnaire consists of 30 questions that 24 questions have been directly extracted from Michael Ratter questionnaire and his coworkers have added 6 questions to it according to Iranian social culture. This questionnaire is completed by teacher and teacher answers it in accordance to his recognition about children. This questionnaire covers five various aspects of behavioral disorders including: Aggression and hyperactivity, depression and anxiety and unsociability, antisocial) behaviors and lack of attention disorder. A questionnaire is considered for each child that studies his behavior at school during last three weeks. Each question is scored in three degree scale (0,1,2) in which scale zero means that such behavior has been seen in child during the last three weeks, score 1 means that these behaviors have been seen during ast three weeks and score 2 that this behavior has been often seen in child during last three weeks. If none of these behaviors have not been seen in child during last three weeks, the general score of test will be zero that indicates there is no behavioral disorders in child, but if studied behaviors have been seen in child during

last three weeks completely, the score of behavioral disorders in child will be 60 that indicates the maximum score of behavioral disorder in this test.

In order to define the test reliability, Ratter per formal an experiment on 91 children and used psychological questionnaire with behavioral disorders questionnaire and the co relational coefficient between two tests was equal to 0.77 and meaningful in 0.001 level. Also (Arjmandi, 1997) performed Ratter behavioral disorders questionnaire especially for teachers along with Gestalt test on 50 participants volunteered in Shiraz and gained co relational coefficient 0.69 that was pleasant. In the present research, in order to define scale validity, two methods of cronbach Alpha and bisection were used that for whole questionnaire are equal to 0.77 and 0.90 respectively and indicates acceptable validity.

Procedure:

This research is experimental that studies the effect of independent variable of training social skills in the variables related to social development and behavioral disorders. After simple random selection, 70 students among mild retarded children (42 boys and 28 girls) from educational center of Shahid Fahmide in school were selected. They divided randomly in two groups of experimental and control including 35 students (21 boys and 14 girls) in each group. The instruments that were used in this research were Vineland Test and Ratter Behavioral Disorders Test (Teacher Form) that were used to evaluate social intelligence quotient and the level of children behavioral disorders respectively. The parents' presence in two tests was necessary to complete the questionnaires. Therefore, they were asked by sending letters to refer to school.

About 701 of those who had referred were students' mothers and the tests were their fathers, brothers or sisters. After completing the questionnaires, the score of social development and the rate of students' behavioral disorders were defined, then during 12 weeks and each week, three 1-hour sessions were devoted to train these children. The represented syllabus was output of social behaviors and skills which were used in the previous researches. Tuttle, Campbell and Heider (2006), Dodge, Trister and Bickart (2006), Gresham, Baovan & Cook (2006), Bildt and coworkers (2003), Nangle, Erdly, Carpenter and Newman (2000) and they were generally called social behaviors and consist of three parts self-assistance activities, emotional matters and social skills and they were represented in the form of following sessions :

First Week: Cleanliness and Neatness:

The students achieved the following aims at all end of each week. They wash their hands with water and soap before and after eating food. They eat food calmly. They do not talk when eating food. They brush after eating food. They wash their hands with water and soap after toilet. They put on clean clothes. They comb their hairs.

Second week: Health observance and safety and security:

passing the street when the light is green./Avoiding playing with match. /Avoiding playing on the top of walls and hills./Avoiding throwing the stones.

Third Week: Bearing the Failure:

They are not afraid of failure. They are not unhappy. They are not hopeless. When losing opportunity. They seek various situations in each work. Efforts and diligence are important for them.

Forth week: Using others' companionship and support:

He uses the helps in education and daily life affairs from confident people and helping others according to their ability. They represented examples in this respect.

Fifth Week: Aggression Control:

They will not be angry soon./They know the results of aggression./They represent examples in this respect.

Sixth week: The necessity of performing laws and regulations.

They come and go to school on time.

Seventh Week: Observing the Right of Ownership:

He does not use others' devices without permission. If he finds something, he cannot be its owner. He represents examples in this respect in the real life.

Eighth Week: Making Relations with Others and New Friends:

He knows the way of making friends with others. He can find two new friends. He knows the correct way of treating others.

Ninth Week: Participation in the Team Plays and Activities:

He can participate in the team plays./He prefers the aims of group rather than himself./He participates in a team work./He knows the advantages of team work.

Tenth Week: Respect to Father, Mother, Teacher and Other Adults:

He respects father, mother, teacher and other adults./He can tell religious maxims of holy Imams in this respect.

Eleventh Week: the Ability of Defending His Rights Through Correct Method:

If his device is damaged can take compensation without war and quarrel!

Twelfth Week: Identifying Different Parts (Regions):

He can identify different regions like hospitals, Police stations, factories and acquire information about them.

Results:

In order to analyze the data, the methods of descriptive statistics, variance analysis and tests and LSD are used. The descriptive findings include Mean, Standard Deviation (SD), maximum and minimum for the studied variables have been represented in Table 1.

As it is seen according to Table 3, there is meaningful difference between children of experimental group and control group concerning social development ($F=16.48$, $p<0.0001$). on the other hand, according to the social development mean (-1.06) of children in experimental group in comparison with mean (-0.09) of children in control group, it can be concluded that training social skills increases social development of experimental group. It should be explained that low difference score in the experimental group in comparison with control group according to the way of scoring the social development scale indicates increase of social development. Moreover, the above table shows that there is meaningful difference between mentally retarded children of experimental group and control group concerning behavioral disorder ($F=14.60$ and $p<0.0001$). on the other hand, training social skills to the mild retarded children of the experimental group according to their behavioral disorder mean (5.14) in comparison with mean (1.83) of control group children decreases behavioral disorder in the experimental group.

Therefore, the first hypothesis is approved. It should be explained that high difference score in the experimental group in comparison with control group according to the way of scoring the behavioral disorder scale indicates decrease of behavioral disorder. In order to represent more explanation about data and means comparison, the post-hoc Scheffe test has been used in order to compare the means of the scores among mild mentally retarded children (girl and boy) of experimental and control groups. Results have been presented in Tables 4.

As it is seen according to Table 4, there is meaningful difference between experimental group boys and control group girls and also between experimental group girls and control group boys concerning social development. On the other hand, according to the means, training planning has the most effect on the experimental group boys and experimental group girls. This finding shows that there is meaningful difference between two groups that is more due to the influence of experimental interference on the experimental group boys. The post-hoc Scheffe test was used to compare the mean of social disorder difference scores in mild mentally retarded children (girl and boy) of experimental and control groups. The results are presented in Table 5.

As it I seen according to Table 5, there is meaningful difference between experimental group boys and boys and girls, also between experimental group girls and control group girls concerning behavioral disorder. On the other hand, according to the means, training social skills has the most effect on the experimental group boys and then experimental group girls. This finding indicates that the meaningful difference between two groups in more due to the effect of experimental interference on the experimental group boys. Also, in order to study the second hypothesis that training social skills decreases behavioral disorder like (aggression and hyperactivity, anxiety and depression, unsociability, antisocial behaviors and lack of attention disorders) in mild mental retarded children, the statistical method of two-factor has been used and the results have been represented in Tables 6.

As it is seen in Table 6, the meaningfulness levels of all tests indicates that there is meaningful difference between children of experimental and control groups concerning one dependent variables (behavioral disorder components of aggression and hyperactivity, anxiety and depression, unsociability, antisocial behaviors and lack of attention disorders). In order to realize this difference, the results of testing the effects on the participants concerning difference scores (pre-test and post-test) components of behavioral disorder (aggression and hyperactivity, anxiety and depression, unsociability, antisocial behaviors and lack of attention disorders) in experimental and control groups. The results have been represented in Table 7.

As it is seen in Table 7, there is meaningful difference between children of experimental group and control group concerning aggression and hyperactivity ($F=7.14$, $p<0.0001$). On the other hand, training social skills decreases aggression and hyperactivity in the experimental group. There is meaningful difference between mildly mentally retarded children of experimental and control group concerning anxiety – depression ($F=2.87$, $p<0.043$). On the other hand, training social skills to the children of experimental group decreases anxiety – depression. Moreover, there is meaningful difference between children of experimental group and control group concerning unsociability ($F=3.08$, $p<0.033$).

On the other hand, training social skills decreases unsociability in the experimental group. Also, there is not meaningful difference between children of experimental group and control group concerning lack of attention disorder ($F=1.95$, $p<0.130$). On the other hand, training social skills dose not decrease lack of attention disorder. There is meaningful difference between mentally retarded children of experimental group and witness group concerning antisocial behaviors ($F=3.86$ and $p<0.0001$). On the other hand, training decreased antisocial behaviors in the experimental group.

Discussion and Conclusion:

The findings of this research indicated that training social skills increases social development in mild retarded children. The findings of this research are concordant with the recognition theories of social development and various researches performed in this respect. The underlined factor is the shave of recognition theories to justify social development as the fundamental axis of this attitude is based on this matter that the recognition level in children and their intellectual plans have reciprocal effects on the environmental experiences and cause social development.

Table 1: Mean, SD, minimum and maximum score of students’ social development (pre-test and post-test)

Variable	Stage	Statistical index group	Means	Std deviation	Minimum	Maximum	N
Social development	Pre-test	Experimental group boys	57.43	4/38	66	86	21
		Experimental group girls	72.64	3/78	68	79	14
		Total experimental group	74.31	4.32	66	82	35
		Control group boys	73.00	2.95	66	86	21
		Control group girls	73.71	3.99	66	78	14
		Total control group	73.29	3.37	66	78	35
		Experimental group boys	76.53	4.17	69	83	21
	Post-test	Experimental group girls	73.64	3.78	69	80	14
		Total experimental group	75.37	4.21	69	83	35
		Control group boys	72.86	2.85	66	76	21
		Control group girls	74.14	4.31	66	79	14
		Total control group	73.37	3.51	66	79	35
		Experimental group boys	-1.10	0.45	-3.00	0.00	21
		Difference	Experimental group girls	-1.00	0.00	-1.00	-1.00
Total experimental group	-1.06		0.42	-3.00	0.00	35	
Control group boys	0.14		0.36	0.00	1.00	21	
Control group girls	-0.43		1.16	-4.00	1.00	14	
Total control group	-0.09		0.82	-4.00	1.00	35	

As it is indicated in table 1, in the present stage the mean and std variation (standard variation) of social development in each group according to total experimental group 4.32, 74.31 and total control group 3.37, 73.2 and in the post-test stage, The means and SDs of each group were respectively, the total experimental group 4, 3.21, 75.37 and total control group were 73.37 and 35.51.

Table 2. Mean, SD, minimum and maximum total score of students' behavioral disorder (the pre-test and post-test)

Variable	Stage	Statistical index group	Means	Std deviation	Minimum	Maximum	N
Social development	Pre-test	Experimental group boys	48.19	5.54	43	60	21
		Experimental group girls	47.36	3.10	39	51	14
		Total experimental group	47.86	4.74	39	60	35
		Control group boys	41.52	4.79	33	48	21
		Control group girls	37.14	2.41	32	41	14
		Total control group	39.77	4.53	32	48	35
	Post-test	Experimental group boys	42.29	3.09	38	50	21
		Experimental group girls	43.36	2.47	37	46	14
		Total experimental group	42.71	2.87	37	50	35
		Control group boys	39.33	4.07	33	45	21
		Control group girls	35.86	1.83	32	38	14
		Total control group	37.94	3.74	32	45	35
	Difference	Experimental group boys	5.90	3.45	2	10	21
		Experimental group girls	4.00	1.41	2	7	14
		Total experimental group	5.14	2.94	2	10	35
		Control group boys	2.19	1.78	0	3	21
		Control group girls	1.29	1.20	0	3	14
		Total control group	1.83	1.62	0	8	35

As it is indicated according to the above table, in the present stage, mean and std deviation of total behavioral disorder in each group were respectively, total experimental group 47.5 and 47.86 and total control group 4.53 and 39.77 and post-test stage, the mean and std deviation of each group were respectively total control group 37.94 and 3.74.

The results of effect between participants concerning the scores indicating difference (pre-test, post-test) of social development and total behavioral disorder in experimental and control groups are presented in Table 3.

Table 3: The scores indicating difference of social development and total behavioral disorder (pre-test and post-test)

Variables	Total Squares(roots)	Freedom Degree	Squares mean	F	Meaningfulness Level (p)
Social Development	19.33	3	6.44	16.48	0.0001
Total Behavioral Disorder	229.58	3	76.53	14.60	0.0001

Table 4: The post-hoc Scheffe test for comparing the mean of social development difference scores.

Group	Mean	Groups	Mean	1	2	3	4
Experiment	-1.06	1 Experimental group boys	-1.10	-	-	*	*
		2 Experimental group girls	-1.00	-	-	*	-
Control	-0.09	1 Control group boys	0.14	*	*	-	-
		2 Control group girls	-0.43	*	-	-	-

Table 5: The post-hoc Scheffe test was used to compare the mean of social disorder difference scores

Group	mean	Groups	mean	1	2	3	4
Experiment	5/14	1 Experimental group boys	5/90	-	-	*	*
		2 Experimental group girls	4/00	-	-	-	*
Control	1/83	1 Control group boys	2/19	*	-	-	-
		2 Control group girls	1/29	*	*	-	-

Table 6: The results of variance analysis on the difference scores (pre-test, post-test) behavioral disorder components in experimental and control groups

Tests	Variance	Hypothesis of df	Error of df	F	P
Pillais Trace	0.578	15	192	3.06	0.0001
Wilks Lambda	0.495	15	171	3.32	0.0001
Hottelling Trace	0.876	15	182	3.54	0.0001
Roys greatest root	0.676	5	64	8.65	0.0001

Table 7: The results of the effects on the participants concerning difference scores (pre-test and post-test) components of behavioral disorder

Variables	Total Squares(roots)	df	Squares Mean	F	P
Aggression and hyperactivity	26.22	3	8.74	7.14	0.001
Anxiety and depression	10.11	3	3.37	2.87	0.043
Unsociability	7.26	3	2.42	3.08	0.033
Lack of attention disorder	5.48	3	1.83	1.95	0.130
Anti-social behaviors	11.59	3	3.86	7.12	0.0001

According to the recognition theories, it can be said that training social skills have increased the recognition level in children and this increase improves their level of social development. Also, the present research is in concordance with the research performed by Arjmandi (1997) indicated that training social skills causes increasing social development and receiving difference kinds of social support and protection in children.. The present research is also relevant and concordant with the researches performed by Gresham, Baovan and Cook (2006), Tuttle and coworkers (2006), Kadish and coworkers (2001).

Another finding of this research was the meaningful difference between children of experimental group and control group concerning. On the other hand, training social skills to mild retarded children has decreased behavioral disorder in the experimental group. The findings of this research can be defined according to the theory of Gestalt and other researchers. Therefore, Kurt Lewin , acknowledges in his defined by total psychological facts that are experienced in that moment. Some of these facts have positive effect on mean's behavior and some of them have negative effects (Hergnhan, 2001, translated by Seif).. The present research is also in concordance with the researches by Matsuda and Uchiyama (2006), Bildt and co-workers (2003), Takahashi and Kosaka (2003), and Lyons (2002) and others. As it was considered, various researches by inside and foreign researches and different theories by scientists indicate that it is possible to increase children social development and decrease behavioral disorders by using correct and planned training.

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