The Effectiveness of Life Skills Training on Social Adjustment and Mental Disorders in Foster Kids and Adolescents

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ABSTRACT
This research aims to investigate the effectiveness of life skills training on social adjustment and mental disorders of foster kids and adolescents in Nishabur and Mashhad. A sample population of 60 participants (30 subjects through accessible sampling from fosterages in Nishabur and Mashhad and 30 subjects through multistage cluster sampling from fosterages is Mashhad) was selected and randomly divided into experimental and control groups. The experimental group received life skills trainings in 32 sessions of 90 minutes, but the control group received no trainings and were in the waiting list of such trainings. Both groups were tested before training and after the end of training period via the California Test of Personality (CTP) and the epidemiology of mental disorders test. The results of the research indicate that life skills training is effective in increasing the level of social adjustment and in decreasing mental disorders in the subjects. The efficacy of cognitive-behavioral skills training in groups is due to the fact that in this method both cognitive and behavioral skills are emphasized. In other words, more effectiveness of these skills requires more passage of time. Moreover, controlling the other effective factors can improve the effectiveness of these skills.

Keywords: life skills, social adjustment, mental disorders, Foster children and adolescents

Introduction
Family environment is very vital and important to development of family members. Children who are rising up in Dynamic family environment are resilience to facing life problems. Some children and adolescents like fosters do not have enough chance to experience the warmth and emotional atmosphere of family (Silverstone, 2011).
When children are abused or neglected by their parents, or when the parents cannot-for any of a number of reasons-care for their children, someone must intervene to see that the children are adequately looked after. That someone is usually the government, and the intervention is frequently foster care (McDonald et al, 2007).
Foster children face many challenges in life. Since fosters adolescents are deprived of family environment and probably the friendly relationships, some of them may develop problems in achieving self-awareness and communication skills and adjusting to the environmental conditions (Akbari et al, 2013). Children and adolescents foster with many problems such as: Poverty, attachment disorders, lack of social skills, Mental health problems and
high risk for emotional and developmental problems Behavior are encountered (khodabakhshi et al. 2014). Impulsivity, restlessness and hyperactivity, aggression, lying, robbery, poor academic performance, poor perception of self-efficacy and social competence are some of the characteristics of children and adolescents with mental disorders. These characteristics are more severe in foster kids and adolescents due to being away from the family environment and being deprived of a loving home life (Florsheim., 2003).

Different studies show that the children in independent, warm, friendly, and well-trained families usually have better spirit of cooperation and are more capable of expressing themselves. Moreover, they have more social and intellectual achievements and enjoy their lives because of their high motivation for achievement (Akbari, 2005).

Kaplan and Sadok (2000) believe that a strong support system can reduce vulnerability to mental and behavioral disorders and increase the rate of recovery if they are developed.

Adjustment is defined as a kind of harmony with oneself and environment, which is necessary for everyone. Adjustment is the effective behavior of human beings in adaptation with physical and psychological environment. Not only the individuals adapt with environmental changes, but also they can themselves have some influences on the environment and change it appropriately (Fisher et al, 2005). Life skills training (such as creative thinking, critical thinking, decision making, problem solving, stress management, anger management, social adjustment, family empowerment, coping with negative mood, consciousness, coping with emotions, familiarity with assisting sources, creating balanced family, assertiveness, self-esteem skills, and effective communication skills) in this group has helped the adolescents know themselves better, understand others more and develop more relationships with them and be able to know their negative emotions and control them (Yadavari et al, 2008).

The main purpose of training these skills is to enhance mental-social abilities and to prevent the formation of behavior that will damage the mental health of this group. Therefore, in the present study, the researcher seeks an answer to the fundamental and important question: "Does life skill training affect the increase of social adjustment and decrease of mental disorders in foster children and adolescents?"

Research Method
The research aims at evaluating the effectiveness of life skills training on increasing social adjustment and decreasing mental disorders in foster children and adolescents in Nishabur and Mashhad. The research population includes all foster kids and adolescents (ages 12 to 23) in Nishabur and Mashhad. The research sample includes 60 foster children and adolescents so that 30 subjects were selected through accessible sampling from two orphanages in Nisuhabur and 30 subjects were selected through multistage random cluster sampling from Mashhad orphanages.

Data Collection Tools
California Test of Personality (CTP):
The inventory includes 180 questions of two options Yes or No. in this research the 90-item inventory is used. There are six subscales about social adjustment each one including 15 questions.

Therefore, 6 points are allocated to the factors of social forms, social skills, antisocial interests, school relationships, family relationships, and social relationships and also one point is allocated to general social adjustment (Tozendeh Jani and Sedighi, 2006).

Epidemiology of Mental Disorders Inventory
The test includes 90 descriptive phrases about the symptoms of the disease which are ranged by the patients from none to severe depending on their severity (No = 0, Severe = 4). The test consists of 9 main parts and an extension and each part measures one emotional-behavioral disorder. The test subscales include phobic anxiety, depression,
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obsessive-compulsive disorder, anxiety, physical complaints, paranoia, interpersonal sensitivity, psychosis, hostility, and additional questions (Pasha Sharifi and NikKhoo, 1995).

RESULTS
In order to investigate the first hypothesis of the research on "The effect of life skills training on social adjustment in foster children and adolescents" the t-test was administered separately in experimental and control groups.

Table (1): T-test results in independent groups to compare the difference between the means of experimental and control groups in California personality test and its subscales

<table>
<thead>
<tr>
<th>Groups and Measures</th>
<th>t</th>
<th>Df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Subscale of social forms) experimental and control groups</td>
<td>74.12</td>
<td>58</td>
<td>0.08</td>
</tr>
<tr>
<td>(Social Skills subscale) experimental and control groups</td>
<td>20.13</td>
<td>58</td>
<td>0.252</td>
</tr>
<tr>
<td>(Subscale of family relationships) experimental and control groups</td>
<td>71.11</td>
<td>58</td>
<td>0.432</td>
</tr>
<tr>
<td>(Subscale of school) experimental and control groups</td>
<td>30.14</td>
<td>58</td>
<td>0.368</td>
</tr>
<tr>
<td>(Subscale of social relations) experimental and control groups</td>
<td>72.13</td>
<td>58</td>
<td>0.172</td>
</tr>
<tr>
<td>(Interests antisocial subscale) experimental and control groups</td>
<td>58.1</td>
<td>58</td>
<td>0.311</td>
</tr>
<tr>
<td>(Subscale total score scale) experimental and control groups</td>
<td>73.13</td>
<td>58</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Given that the calculated t for the subscales of social forms, social skills, family relationships, school relationships, social relationships and the total scale score with degrees of freedom of 58, which is respectively 73.13, 20.13, 71.11, 30.14, 72.13, 73.13, is more than the standard t (t=390.3), but the calculated t for the subscale of anti-social interests with degrees of freedom of 58 (t=58.1) is smaller than the standard t (t = 390.2), the null hypothesis is rejected in all cases. Therefore, with 99% confidence it is concluded that "the difference between the means of experimental and social groups in all subscales" is confirmed and there is a significant difference between the two groups in terms of social adjustment level.

In order to investigate the second hypothesis of the research on "The effect of life skills training on reduction of mental disorders in foster children and adolescents" in two experimental and control groups, the t-test was used for independent groups.

Table (2): T-test results in independent groups to compare the difference between the means of experimental and control groups in epidemiology of mental disorders test and its subscales

<table>
<thead>
<tr>
<th>Groups and Measures</th>
<th>t</th>
<th>Df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Subscales physical complaints) experimental and control groups</td>
<td>76.8</td>
<td>58</td>
<td>0.019</td>
</tr>
<tr>
<td>(Subtests depression) experimental and control groups</td>
<td>45.11</td>
<td>58</td>
<td>0.004</td>
</tr>
<tr>
<td>(Obsessive-compulsive subscale) experimental and control groups</td>
<td>34.14</td>
<td>58</td>
<td>0.000</td>
</tr>
<tr>
<td>(Subscale anxiety) experimental and control groups</td>
<td>203.10</td>
<td>58</td>
<td>0.343</td>
</tr>
<tr>
<td>(Subtests hostility or aggression) experimental and control groups</td>
<td>92.15</td>
<td>58</td>
<td>0.351</td>
</tr>
<tr>
<td>(Interpersonal sensitivity subscales) experimental and control groups</td>
<td>72.12</td>
<td>58</td>
<td>0.66</td>
</tr>
<tr>
<td>(Subtests fears and phobias) experimental and control groups</td>
<td>10.13</td>
<td>58</td>
<td>0.087</td>
</tr>
<tr>
<td>(Subtests paranoia) experimental and control groups</td>
<td>38.2</td>
<td>58</td>
<td>0.104</td>
</tr>
<tr>
<td>(Subtests psychosis) experimental and control groups</td>
<td>28.2</td>
<td>58</td>
<td>0.003</td>
</tr>
<tr>
<td>(Subtests additional questions) experimental and control groups</td>
<td>81.3</td>
<td>58</td>
<td>0.005</td>
</tr>
</tbody>
</table>

Given that the calculated t for the subscales of physical complaints, depression, obsessive-compulsive disorder, anxiety, hostility or aggression, interpersonal sensitivity, fear and phobia, paranoia, psychosis, and additional questions with degrees of freedom of 58 is respectively 81.3, 28.2, 38.2, 10.43, 72.12, 92.15, 203.10, 34.14, 45.11, and 76.8 which are greater than standard t (t = 390.2), the null hypothesis is rejected in all cases. Therefore, with 99% confidence it is concluded that "the difference between the means of experimental and social groups in all subscales" is confirmed. Given the collected data and the significant difference between the means it is concluded that the researchers claim on "the reduction of mental disorders of the participants in all subscales" is confirmed and there is a significant difference between the two groups in terms of the level of
DISCUSSION AND CONCLUSION
The results related to the first hypothesis of the research indicate that life skills training has a significant effect on the increase of social adjustment in the subscales of social forms, social skills, reduction of anti-social interests, family relationships, school relationships, social relationships, and total scale score. First of all, this research was not seeking to investigate the relationship between demographic characteristics and social adjustment, but it mainly tried to examine the effect of training on social adjustment by controlling such variables. Second, in small samples and local environments there is not basically much difference in terms of demographic characteristics. Third, the samples selected for the research had low self-esteem and social adjustment. If it is assumed that there is a relationship between social adjustment and demographic characteristics the results of examining the second hypothesis indicate that life skills training has a significant effect on the reduction of mental disorders in subscales such as hypochondria or physical complaints, depression, obsessive-compulsive disorder, anxiety, hostility and aggression, interpersonal sensitivity, fear or phobia, neurosis, psychosis, additional questions and total scale score.

Miller (1998) reported that three groups of individual, family, and environmental factors have effects on the rate of mental disorders of the family members. These factors, particularly family factors play an important role in reducing household vulnerability.

Life skill training affects the level of adjustment in foster adolescents. Thus, it is suggested that self-awareness and communication skills can be added to the current approaches in managing interpersonal problems of foster adolescents (Akbari et al. 2013). Studies have shown that foster adolescents who have been separated from their parents and have never been talking and discussing thoughts and feelings with their parents, may have problems in the growth of self-awareness skills and coping with different social, educational and other situations (Lipscombe et al, 2003). Hamidifar’s (2004) showed that teaching life skills (self-awareness, communication and problem solving) is influential in increasing adjustment level and improving behaviors among adolescent girls.

Fathi and colleagues find that life skills training causes improved self-esteem and resilience among adolescents and that assertiveness and decisive behavior are two important factors to improve resilience. The result is also consistent with Matsuda and Schiyama (2006), Koupiki (2005) and ayanzadeh (2003). Ramesht and Farshad (2003) also showed that improvement of life skills training among students has led to improved self-confident, self-esteem, and the individuals’ empowerment in coping with peripheral pressures and adaptive behaviors. Naderi and colleagues (2007) studied the influence of life skills education on the youth’s level of resilience and found a positive relationship between life skills training and resilience.

Teimori and colleagues (2011) conducted a research study on the effect of life skills training on self-esteem and mental health and found that life skills training led to mental health and self-esteem. In general, studies have shown that the presence of parents plays a significant role in the formation of life skills and after acquiring such skills the adolescents direct their own feelings and behavior. Some of the studies in this area have shown that the adolescents who live with their parents compared with the foster adolescents own greater life skills, self-esteem and confidence in their abilities and act better in adjusting and coping with social and educational situations.

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