

Effect of Psycho - Social Program on Caregiver's Emotional Distress and Perceived Social Skills of their Children Suffering from Learning Disabilities

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Abstract

Background: Learning disability is a neurological disorder that affects the brain's ability to receive process, store and respond to information. **Aim:** The aim of the present study was to evaluate the effect of psycho- social program on caregiver's emotional distress and perceived social skills having children suffering from learning disabilities. **Design:** A quasi experimental design (pre and post test) was used to achieve the aim of the study. **Setting:** This study was conducted at Pediatric outpatient clinic of Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate. **Subject:** A convenience sample of 50 care givers having a child diagnosed with learning disability according to (DSM-5) was included from the above setting for conduction of this study. **Tools:** Four tools were used to collect data. **I.** Structured interview questionnaire used to collect data about socio demographic and clinical characteristics of the studied sample. **II.** Structured interview questionnaire used to assess data concerning caregiver's knowledge & practice regarding learning disabilities. **III.** Depression, Anxiety and Stress Scale (DASS) to measures the caregivers emotional distress. **IV.** Social Skills Rating System (SSRS) used to assessment of social skills, behavioral problems of children as perceived by their caregivers. **Results:** There was a highly statistically significant improvement in total score of total knowledge and practice, total emotional state and total social skills as preserved by caregivers post implementation of the program than preprogram. **Conclusion:** Psycho-Social program had a positive effect on enhancement of caregiver's knowledge and practice, emotional distress and perceived social skills. **Recommendations:** Further research should be undertaken on more samples in community to explore parents' physical and psychosocial needs and their coping ability in relation to care giving for child with learning disability.

Keywords: Emotional Distress, Learning Disability, Psycho-Social Program, Social skills.

Introduction:

Learning Disability (LD) defined as persistent difficulties in learning to read, write or to do mathematics despite normal intelligence, intact hearing and vision, adequate motivation and socio cultural opportunity, Learning disability are common manifest in early childhood they appear in the activity of solving learning tasks and assign an

inappropriate and ineffective behavior (Jose, 2018).

At school, students with learning disabilities are often rejected by their peers or are victims of various forms of bullying, their academic problems also have a long-term adverse impact on their self-image, peer - family relationships and social interactions (Frederickso, 2017). It is known that parents

of children with LD are not aware of this hidden disability and undergo stress in coping with the child's condition. It is also well known that chronic stress can lead to negative parenting practices and adversely affect the parent-child relationships and outcomes (Karande & Kulkarni, 2019).

Emotional distress refers to the body's response to any unpleasant situation. This internal alarm system prepares the body to take action as a total response to environmental demands or pressure. Caring for learning disabled child can generate enormous amount of stress in caregivers, particularly if caring takes place over a long period of time (Merrifield, 2011). Children diagnosed with LD usually ignore their parent's instructions, and pay less attention to the instruction and tasks that have been assigned to them. The negative interaction between parents and children causes frustration, maladjustments and lack of balance among family caregivers (Baldwin et al, 2016). Psycho-social educational program offer guidance and support to caregivers who are currently raising a child with learning disabilities. It also helps to clarify information, decrease stress levels, and encourage caregivers to become involved in their child's treatment and behavioral changes to achieve a healthy life, as well as to teach the caregivers of children with learning disability to make informed treatment decisions with the child, reduce anxiety about the disability, help families to cope with the disorder and its complications and make better changes in their life (Lauren, 2017).

Significance of the Study:

Learning disability constitutes one of the major health problems affecting educational processes (Lagae, 2014). In Egypt, a study conducted at Al Nahda Al Haditha Primary School, Shoubra Khayma, Dammanhour, Behira Governorate, Egypt in a study sample of Egyptian children in the age group from 6 to 12

years that the prevalence of LDs in the studied sample was 16.5%. Learning disabilities are the most prevalent of the developmental disabilities. Generally, LDs affect 5% of school-aged children globally (Reda et al., 2019).

Many of these students and their caregivers become disappointed because they fail to succeed in their education and eventually quit school early. Furthermore, if their problems are not recognized and suitable interfering programs are not provided, the risk of some psychiatric disorders and delinquency increases for these children (Nel & Grosser, 2016). Other possible outcomes for individuals with learning disorders who have not received appropriate intervention or help are emotional and behavioral problems (El-Keshky & Emam 2015).

Their for raising a child with a disability has been recognized for some time as a major source of burden and distress in family caregiving. Western studies demonstrate that the additional childcare demands associated with a child's disability can create significant parental stress as well as disruption in family relationships, such demands persist throughout childhood and into adulthood, requiring continuous adaptation by family members to ongoing challenges and crises (Floyd, & Gallagher, 2019).

So, the study aims to evaluate the effect of Psycho-Social program on caregiver's emotional distress and perceived social skill for children suffering from learning disabilities.

Aim of the study:

This study aimed to evaluate the effect of psycho-social program on caregiver's emotional distress and perceived social skills having children suffering from learning disabilities.

Research hypothesis:

Effect of Psycho - Social Program on Caregiver's Emotional Distress and Perceived Social Skills of their Children Suffering from Learning Disabilities

1. Psycho – social program will enhance knowledge & practice of caregivers of children suffering from LD.
2. Psycho – social program will enhance emotional distress of caregiver of children suffering from LD.
3. Psycho – social program will enhance social skills and behavioral problems of children suffering Learning Disabilities.

Subject and Method:

Research Design:

- A quasi experimental design was used to achieve the aim of the study.

Research Setting:

This study was be conducted at Pediatric outpatient clinic of Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate which is affiliated to General Secretariat of Mental Health in Egypt.

Sample type:

A convenient sample was selected.

Sample size and technique:-

A convenience sample of 50 care givers having a child diagnosed with LD according to (DSM-5) from Benha Psychiatric Mental Health Hospital were selected from the pediatric outpatient clinics. Data will be collected over a period of twelve months since August -2020 to August-2021).

Tools of data collection

Tool (1): Questionnaire sheet was developed by the researcher it was consist of:-

First part consists of personal data such as:-

A- Socio-demographic data of caregivers such as age, level of education, marital status, the relationship for the child, occupation, monthly income and residence.

B- Socio-demographic data of their children such as age, sex, the child ranking, the start of diagnosis, does the child take any medication for other problem, Does the child follow up with a specialist.

Tool (2): A structured interview questionnaire sheet: to assess data concerning caregiver's knowledge & practice regarding learning disabilities adapted from **Bashqa, (2008).**

Tool (3): Depression, Anxiety and Stress Scale (DASS): This scale was developed by **Lovibond & Lovibond, (1995)** It was used to measure the emotional distress it consisted of 21 items as depression (7items) , anxiety (7items) and stress (7items). 4 point Likert scale of response for each statement indicates how often the caregiver feels that way: Most of the time (3) score, considerable degree (2) score, sometimes (1) score, not at all (0).

The scale scoring system:

- ❖ (< 31 score) mild.
- ❖ (31 – 47 score) moderate.
- ❖ (> 47 score).sever.

Tool (4): Social Skills Rating System (SSRS)

This scale was developed by **Gresham & Elliott, (1990)** It was used for assessment of social skills, behavioral problems of children as perceived by caregivers, It consist of 55 items . It divided in to: **(A)** the Social Skills Scale consisted of the following subscales: Cooperation (9items), Assertion (8items), Responsibility (9items), Empathy (4items), and Self-Control (8items). 3point Likert scale of response for each statement indicates how often the caregiver perceive his child: Very often (3) score, Sometime (2) score, Never (1) score.

The scale scoring system:

- ❖ (> 85 score), high
- ❖ (57 – 85 score), moderate.
- ❖ (< 57 score), low.

(B) Problem Behaviors Scale consisted of three subscales: Externalizing Problems (6), Internalizing Problems (6 items), and

Hyperactivity (5 items). 3point Likert scale of response for each statement indicates how often the caregiver perceive his child: Very often (3) score, Sometime (2) score, Never (1) score.

The scale scoring system:

- ❖ (> 38 score) high.
- ❖ (25 – 38 score) moderate
- ❖ (< 25 score) low

Tool validity

It was ascertained by a jury consisting of a group of (5) panel experts who were specialized in the (Psychiatric Medicine and another one in Psychology) from Faculty of Medicine Benha university, professors in this field and experts from Faculty of Nursing Tanta University.

Reliability:

Testing reliability of proposed tools was done by Cronbach Alpha test. It was calculated to assess the reliability that indicated that tool consisted of relatively homogenous items as indicated by the moderate to high reliability. The internal consistency of knowledge was ($r= 0.93$), practices was ($r= 0.88$), Depression, Anxiety and Stress Scale (DAS) was($r= 0.92$) and ($r=0.94$) for Social Skills Rating System (SSRS).

Ethical considerations:

- The aim of the study was explained to each caregiver before applying the tool to gain their confidence and trust.
- A written consent was obtained from each caregiver to participate in the study and withdrawn when needed.
- The data were collected and treated confidentially.
- Each caregiver was informed about time throughout the study.
- Freedom to withdraw from participation in the study at any time.

Pilot study:

A pilot study was carried out on 10 % of the study subjects. The purpose of the pilot study was to test the applicability, feasibility and clarity of the tools. In addition, it served to estimate the approximate time required for interviewing caregivers as well as to find out any problems that might interfere with data collection. The sample of pilot study was excluded from the main sample.

Filed work:

The psycho-social program was developed by the researcher after review of the related literatures and after making of the pilot study. The psycho – social program aimed to enhance knowledge & practice of caregivers of children suffering from LD, enhance emotional distress of caregivers of children suffering from LD and enhance social skills and behavioral problems of children suffering from LD. This program has a set of general objectives, and specific objectives for each session. The number of program's sessions was 10 sessions. Based on the results obtained from the assessment tools and review of literature, the program content was developed by the researcher in the form of a booklet, which was revised and approved by the supervisors, after that the final booklet is distributed for caregivers in the first session.

Session of the program focused on:- Session 1: Acquaintance session.

Session 2: Overview about learning disabilities. Meaning- causes , types , and list learning disabilities characteristic.

Session 3: Most behavioral and social characteristics of learning disabilities children and strategies to manage their stress.

Session 4: Developing mechanism of reading, writing, mathematics skills.

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Session 5: Practice strategies used in learning reading and writing skills.

Session 6: Apply technique to modify behaviors of their children as impulsivity, Aggressiveness and social isolation

Session 7: Continue for session (6) How to apply technique to modify behaviors of their children as attention deficit and hyper activity

Session 8: Practice skills to enhance social skills of their children

Session 9: Apply technique for adapting with the stressors resulting from the presence of the child

Session 10: Summary of the program sessions

Implementation Phase:-

This phase was beginning by data collection then implementation of Psycho-social program for caregivers having children diagnosed with learning disabilities who meet previously mentioned criteria.

1- Data collection (Pre-test):

Data collection of this study was carried out at pediatric outpatient clinic of Psychiatric Mental Health Hospital at Benha City, Kaluobia Governorate. The data collection was done on caregivers (pretest) in first session (acquaintance session) after identify the purpose of the program, describe schedule of the program (number of sessions, time and duration of each session) and outlines the content and steps of the program.

2- Implementation of the Program:

- ❖ This step focused on the implementation of Psycho-social Program for the (50 caregivers). This group was divided into 10 subgroups;

each subgroup composed of 5 caregivers.

- ❖ The program consisted of 10 sessions, 12 hours, 4 hours for theoretical sessions and 8 hours for practical sessions. Each subgroup received 10 sessions of psycho-social program.
- ❖ Sessions was implemented two day per week for 60 minutes to 90 minutes for each session. Days / week, Usually at Sunday and Thursday every week.
- ❖ The sessions of psycho-social program were carried out in 12 months during the period of (1/August -2020 to 30/August-2021). Researcher work with (10 subgroup, 2days/week). Each subgroup Composed of 5 caregivers.
- ❖ Each subgroup composed of 5 caregivers received one session/day/week which lasted for about 60-90 minute and 10 minutes for break.
- ❖ The program sessions were conducted in the pediatric outpatient clinic (includes one desk and chairs and table for equipment).
- ❖ To ensure that the patients understand the program contents, each session was started with a summary about what was given through the previous session, and the objectives of the new session were mentioned taking into consideration using simple language to suit all caregivers.
- ❖ During the session, the researcher used demonstration and role play by the researcher and one caregivers practice skill in psycho-social program. After that, the researcher used re-demonstration of the Skill by each caregiver to master the skill. After finishing, the researcher thanked the caregivers for participation and

encouraged the caregivers for asking about any unclear points.

- ❖ Moreover, the researcher made a summary at the end of the session and told the caregivers about the time of the next session.

3-Strategies of program implementation:-

- **Methods of teaching:** - Open discussion, Group discussion, brain storming, demonstration, role play, questions and answers and, Positive reinforcement.

- **Media:** Booklet and video tape.

- **Methods of evaluation:** Feedback through oral questions, re demonstration, role play.

4- Evaluation Phase (post-test). -This phase aimed to estimate the effect of psycho-social program on caregiver's emotional distress and perceived social skills for children suffering from learning disabilities. After the conduction of the of psycho-social program sessions for the study group a post-test was done for study group using the pervious assessment tool for data collection to compare the effect of the program pre post intervention .

Statistical analysis:

SPSS would be systematic. After implementation of program, each sheet was scored, the data were organized, categorized, tabulated, after that it was analyzed by using the statistical package for social science .

Results:

Table (1): Shows that, half (50.0%) of the studied caregivers aged between 30 to less than 40 years old with $M \pm SD$ of 35.10 ± 5.81 , more than one third (36.0 %) of them had intermediate education, and Concerning main care giver for the child ,more than three quarters (76.0%) of them were the children's mothers.

Table (2): Describes that, slightly less than two thirds (66.0%) of the studied children

aged between 6 to less than 9 years old with $M \pm SD$ of 7.90 ± 1.80 ., and more than one fourth (30.0%) of them were the third child to his family. Less than half (48.0%) of the studied children diagnosed with learning disability science one to less than three years ago with $M \pm SD$ 2.54 ± 1.31 .

Figure (1): Shows that less than half (40.0%) of the studied caregivers had good total knowledge score regarding learning disabilities preprogram which increased to be more than three quarters (80.0%) post program, while less than one third (32.0%) of them had poor total knowledge score preprogram which decreased to be (8.0%) post program.

Figure (2): Represented that less than two thirds (60.0%) of the studied caregivers had satisfactory total practices score regarding dealing with learning disabilities preprogram which increased to be majority (82.0%) of them post program, while less than half (40.0%) of them had unsatisfactory total practices score preprogram which decreased to less than one quarter (18.0%) post program.

Figure (3): Shows that, near to half of the studied caregiver (42.0%) had sever level of emotional distress preprogram which decreased to be (14.0%) post program with statistically significant difference at 0.001. more than one quarter (28.0%) of them had moderate level of emotional distress preprogram which decreased to be (18.0%) post program with statistical significant difference at 0.001 and near to one third (30.0%) of them had mild level of emotional distress preprogram which increased to be (68.0%) post program with statistical significant difference at 0.001.

Figure (4): Demonstrates that, high level of social skill among the studied children as perceived by their studied caregiver improved from (24%) pre the psychosocial program to (70%) post the psychosocial program.

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Figure (5): Shows that, more than half (60.0%) of the studied children had high level of behavioral problems preprogram which decreased to be less than one quarter (24.0%) post program.

Table (3): Shows that, there were highly statistically significant relations between the studied caregivers' total emotional distress and their demographic characteristics pre and post the psycho-social program at (P<0.001)..

Table (4): Reveals that, there were highly statistically significant positive correlations between the studied caregivers' total knowledge and both of their total practices and total emotional distress. There were highly positive significant correlation between the care givers total knowledge and practice with both of total child's social skill and the child's behavioral problems pre and post the psycho-social program at(P<0.001).

Table (1): Socio demographic characteristics of the studied caregivers, (n = 50).

Socio demographic characteristics	No.	%
Age (Years):		
20 -> 30	9	18.0
30 - >40	25	50.0
40+	16	32.0
M±SD 35.10±5.81		
Educational level:		
Don't read and write	6	12.0
Read and write	15	30.0
Intermediate education	18	36.0
University education	8	16.0
Postgraduate studies	3	6.0
Marital status:		
Married	41	82.0
Divorced	7	14.0
Widowed	2	4.0
Caregiver for the child:		
Father	9	18.0
Mother	38	76.0
Sister	3	6.0
Occupation:		
Work	18	36.0
Don't work	32	64.0
Monthly income:		
Sufficient	22	44.0
Insufficient	28	56.0
Residence:		
Rural	34	68.0
Urban	16	32.0

Table (2): Socio demographic characteristics of the studied children, (n = 50).

Socio demographic characteristics	No.	%
Age (Years):		
6->9	33	66.0
9 – 12	17	34.0
M±SD	7.90 ± 1.80	
Gender:		
Male	32	64.0
Female	18	36.0
The child ranking:		
1 st	9	18.0
2 nd	10	20.0
3 rd	15	30.0
4 th	11	22.0
5 th	5	10.0
The onset of diagnosis:		
> 1 year	10	20.0
1 – 3	24	48.0
3+	16	32.0
M±SD	2.54 ± 1.31	
Does the child take any medications for other health problems?		
Yes	15	30.0
No	35	70.0
The kind of problem (n=15):		
Epilepsy	15	100.0
Does the child follow up with a specialist?		
Yes	50	100.0
No	0	0.0

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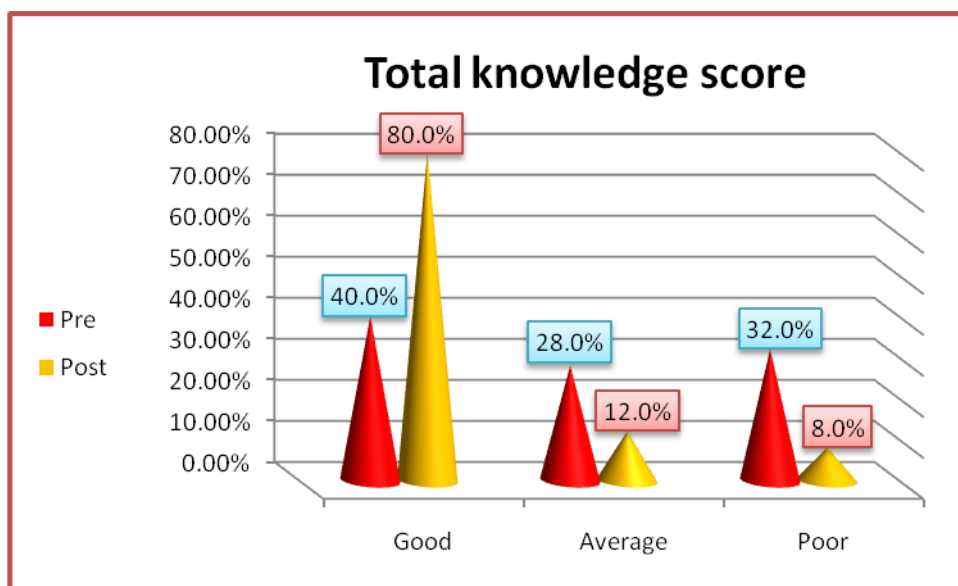


Figure (1): Percentage distribution of the studied caregivers' total knowledge score regarding learning disabilities pre and post the psycho-social program, (n = 50).

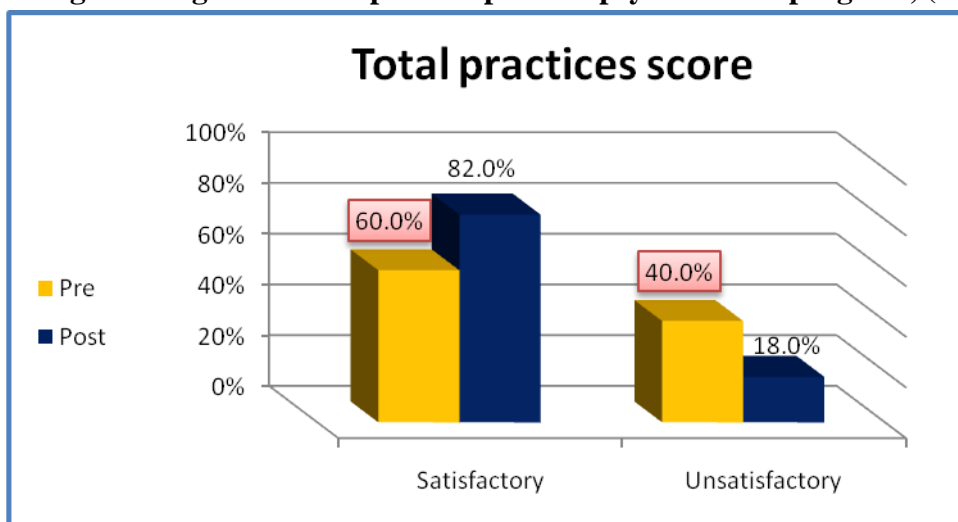


Figure (2): Percentage distribution of the studied caregivers' total practices score regarding their children with learning disabilities pre and post the psycho-social program, (n = 50).

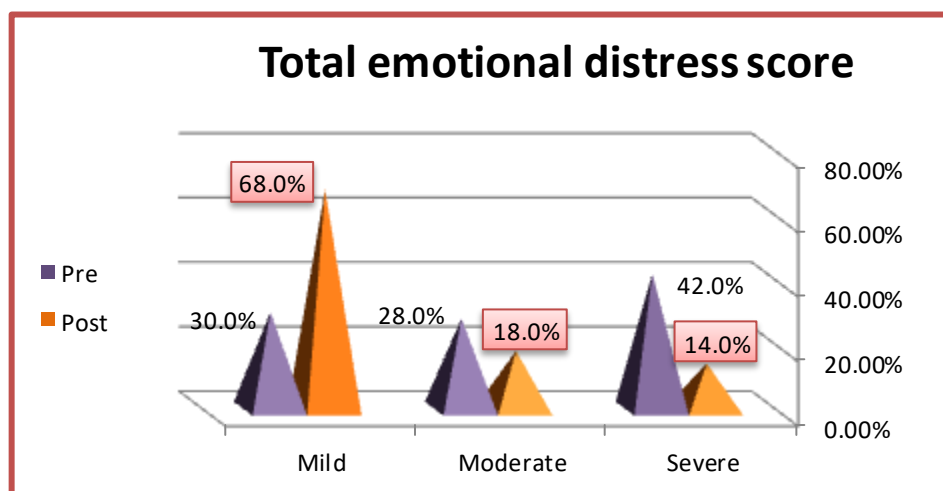


Figure (3): Percentage distribution of the studied caregivers' total emotional distress score pre and post the psychosocial program, (n = 50).

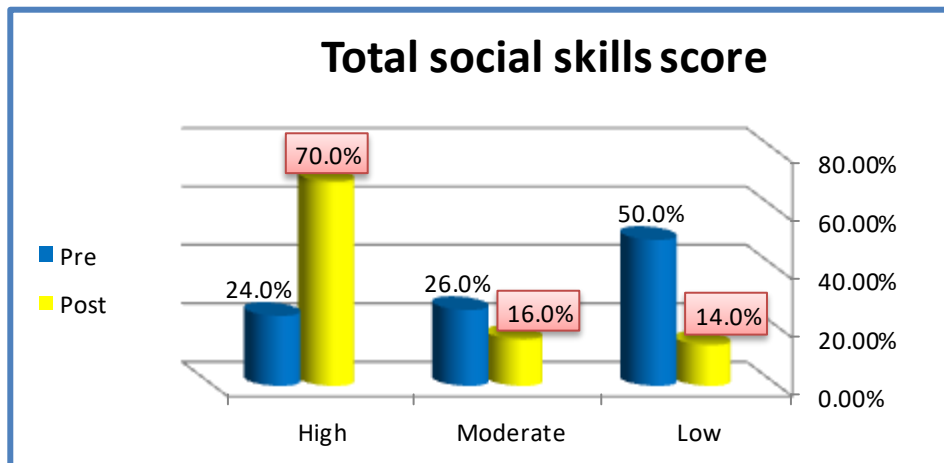


Figure (4): Percentage distribution of the level of social skills among the studied children as perceived by their caregiver pre and posts the psychosocial program, (n = 50).

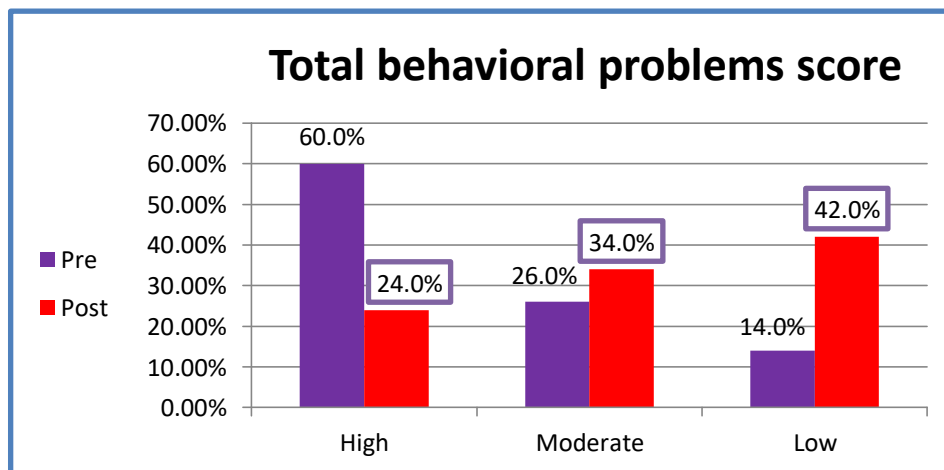


Figure (5): Percentage distribution of the level of behavioral problems among the studied children's, as perceived by their studied subject of caregiver pre and post the psychosocial program, (n = 50).

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Table (3): Relation between the studied caregivers' total emotional distress and their demographic characteristics pre and post the psycho-social program, (n=50).

Caregivers' demographic characteristics	Total emotional distress											
	Pre						Post					
	Mild		Moderate		Severe		Mild		Moderate		Severe	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Age (Years):												
20 - > 30	1	2.0	3	6.0	5	10.0	4	16.0	3	6.0	2	4.0
30 - > 40	6	12.0	5	10.0	14	28.0	12	24.0	8	16.0	5	10.0
40+	0	0.0	7	14.0	9	18.0	8	16.0	7	14.0	1	2.0
Significance test	X²= 53.27			P-value < 0.001**			X² =55.73			P-value < 0.001**		
Educational level:												
Don't read and write	1	2.0	1	2.0	2	4.0	3	6.0	1	2.0	0	0.0
Read and write	1	2.0	2	4.0	2	4.0	2	4.0	2	4.0	1	2.0
Intermediate education	6	12.0	2	4.0	10	20.0	8	16.0	6	12.0	4	8.0
University education	4	8.0	2	4.0	14	28.0	11	22.0	5	10.0	4	8.0
Postgraduate studies	0	0.0	1	2.0	2	4.0	1	2.0	1	2.0	1	2.0
Significance test	X² = 61.66			P-value < 0.001**			X² =68.99			P-value < 0.001**		
Marital status:												
Married	12	24.0	14	28.0	15	30.0	21	42.0	12	24.0	8	16.0
Divorced	1	2.0	1	2.0	5	10.0	4	8.0	2	4.0	1	2.0
Widowed	0	0.0	0	0.0	2	4.0	1	2.0	1	2.0	0	0.0
Significance test	X²= 18.45			P-value < 0.002**			X²= 19.79			P-value < 0.001**		
The relationship for the child:												
Father	2	4.0	1	2.0	6	12.0	7	14.0	1	2.0	1	2.0
Mother	6	12.0	14	28.0	18	36.0	23	46.0	10	20.0	5	10.0
Sister	0	0.0	0	0.0	3	6.0	2	4.0	1	2.0	0	0.0
Significance test	X² = 29.02			P-value < 0.001**			X² = 30.55			P-value < 0.001**		
Residence:												
Rural	5	10.0	14	28.0	15	30.0	19	38.0	11	22.0	4	8.0
Urban	0	0.0	4	8.0	12	24.0	10	20.0	3	6.0	3	6.0
Significance test	X² = 32.49			P-value < 0.001**			X² = 39.55			P-value < 0.001**		

Table (4): Correlation between the studied caregivers' total knowledge and both total practices and total emotional distress as well as total social and behavioral problems pre and post the psycho-social program, (n=50).

Variables	Total care giver knowledge			
	Pre		Post	
	r	P-value	R	P-value
Total care giver practices	0.889	0.001**	0.907	0.001**
Total care giver emotional distress	0.887	0.001**	0.787	0.001**
Total child's social skills	0.979	0.001**	0.755	0.001**
Total child's behavioral problems	0.895	0.001**	0.690	0.001**

**Correlation is highly significant at the 0.001 level.

Discussion

Children with learning disabilities and their caregivers are particularly vulnerable to emotional distress. There is evidence to indicate that up to 70% of mothers and 40% of fathers of disabled children have been found to be distressed. Parental distress and family functioning impacts on children’s psychosocial wellbeing in numerous ways and affects their cognitive, behavioral and social development. In addition, environmental and social barriers to participation in society increase the social vulnerability of families and children with disabilities (Palmer et al, 2017).

Regarding Socio-demographic Characteristics of the studied sample. The present study displayed that the mean age of the studied caregivers was (35.10±5.81) years and half of them aged 30<40years old. This finding could be due to delayed age of marriage, failure to find satisfying job, limited financial resources and inability to meet demands of Marriage. These findings were in accordance with Mohammadipour et al., (2021), who suggested that less than three quarter of the study participants’ age range was 30-39 years. In the other hand, the study findings were disagreed with study done by

Al-Yagon, (2015). Who founded that the mean age of caregivers were 31 to 52 years (M = 38.26, SD = 4.40), for mothers and Fathers’ ages were 34 to 72 years (M = 41.09, SD = 5.84). Regarding to level of education the current study showed that, more than one third of caregivers had intermediate education, from the researchers’ point of view, this finding could illustrate that intermediate education may be lack of knowledge about the child problems and this may lead to delayed of diagnosis and starting treatment and searching for support. The findings supported by Kohli et al, (2016), noticed that, parents of LD children had 12–14 years of education and higher representation of middle socioeconomic. These findings were not supported by Dyson, (2017), who mentioned that most of the fathers (67%) and the mothers (58%) had at least two years of college education.

Concerning main caregiver for the child, more than three quarters of them were the children's mothers. This finding could be due to most of children are linked with their mother more than their fathers and females are accountable for caring for all family members, especially sick persons and also mothers are

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more patient than father and more able to carry the responsibility of caring for those children. These findings were supported by **Anna & Jane (2011)**, mentioned that more than one third of the caregivers were the mothers (37.3%).

Regarding Socio-demographic characteristics of the studied children the present study revealed that, the mean years of children age was (7.90 ± 1.80) years and less than two thirds of the studied children aged between 6 to less than 9 years. Results may be due to sign of learning disabilities usually appearing during the first years of education at primary school after teachers observe that child had a disability and deteriorated than their peers. These findings were contrast with **Ugwuanyi, et al (2021)**, who mentioned that the mean age and standard deviation of the children was 10.5 ± 1.04 year and near half of them were 10 years. Also these findings were contrast with **Kamaruddin & Mamat, (2015)**. who founded that the mean age of the children was 10.5 (S.D 5.0) years with 30% females and 70% males.

According to the present study, more than one fourth of studied children were the third child to his family these results were agree with **Parshurami, (2015)**. founded that nearly above fourth of the studied children were (first to tow) ranking . Also disagree with **John et al., (2017)**, who mentioned that, more than half of studied children (55.9%) were of first birth order. The finding of the current study revealed that, Less than half of the studied children diagnosed with learning disability science one to less than three years ago with $M \pm SD$ 2.54 ± 1.31 . This may be due to lack of caregiver's knowledge as they saw their children maturity at different stage of learning are very different from his or her peers. The findings were similar to findings of **Chien, & Lee (2013)** founded that the duration

of their illness ranged from 1 to 30 months, with a mean of 18.3 months ($SD = 7.3$). The findings were similar to findings of **Sahu et al., (2018)**, who mentioned that, LD got diagnosed in either third or fourth class or after the symptoms had been present for 2–3 years. statistically significant correlations with total caregiver strain scores ($r = 0.54$ and 0.56 , respectively, $P < 0.01$). And Total scores of practical or social care task and total knowledge for managing problem behavior. Also, these findings were consistent with **Belcher et al., (2012)**, Who mentioned that there was positive correlation with total score of knowledge and total score of reported practices and total score of caregivers domains related to their child as (safety, emotional and behavioral and social competence.

Regarding total knowledge score pre and post the psycho-social program the findings of the current study showed that less than half of the studied caregivers had good total knowledge score regarding learning disabilities preprogram which increased to be more than three quarters post program, while less than one third of them had poor total knowledge score preprogram which decreased to be post program. this may be due the program session was within the parent needs and interests where they have a strong desire to overcome the child illness in order to keep healthy life style for their child in the future as well as providing knowledge create some sense of security that things will be handled according to the mothers wish . This results was in agreement with **Shivaji & Vaishali (2014)**, who found that total knowledge score of subject regarding learning disorders in pretest (5.0%) of the subject had poor knowledge, more than two third (71.7%) parents had average knowledge & less than one quarter (23.3%) had good knowledge . In post test no sample had poor knowledge, (8.3%) of

the subject had average & knowledge, majority (91.7%) parents had good knowledge. The knowledge scores of the samples showed a marked increase as seen in the post administration of SIM which indicates that the administration of SIM is effective in increasing the knowledge score of parents. The study findings are supported by **Padmavathi&Lalitha (2019)**, who founded that total knowledge score post program are highly improved .

Regarding total practice score pre and post the psycho-social program he findings of the current study revealed that, less than two thirds of the studied caregivers had satisfactory total practices score regarding dealing with learning disabilities preprogram which increased post program, while less than half of them had unsatisfactory total practices score preprogram which decreased to less than one quarter post program. These results may be due to the challenges of growing up to help their children to become a productive person in society or my be due to the effectiveness of the program session . The findings were in contrast with **John et al., (2017)**, who found that, less than three quarter (73.4%) of the studied parent had fair practice about learning disabilities

Regarding of the studied caregivers' total emotional distress scores pre and post the psycho-social program the present study revealed that, near to half of the studied caregiver had sever level of emotional distress preprogram which decreased post program with statistical significant difference at ($P < 0.001$). More than one quarter of them had moderate level of emotional distress preprogram which decreased post program with statistical significant difference at ($P < 0.001$). and near to one third of them had mild level of emotional distress preprogram which increased post program with statistical significant difference at ($P < 0.001$) .

The researcher point of view this stress before program could be due to fear about their child future, inadequate support by the society restriction of their knowledge regarding how to handle and cope with their child problems.. Post program, caregivers of these children intensively gain support; be aware about the community resources that can help and information needed for them. Participating in professionally sessions in which caregiver were introduced to the practice of various stress management strategies (e.g., breathing exercise, mindfulness), acceptance, and learned problem-controlling, had a positive effect on caregivers' mental health and psychological well-being. These results were supported by **Shanmugam (2020)**, who found that, distress levels of the parents are that high quarter. average more than half and low less than quarter most of the respondents have an average level of Stress.

Regarding of the studied children total social skills as preserved by caregivers pre and post the psycho-social program the current study showed that, the level of social skill among the studied children as perceived by their studied caregiver improved post program than pre. This means that the children has benefited from the program. This finding was in agreement with a study done by **Rotimi et al., (2020)**, who reviewed that individual with high perceived social support will score high significantly on learning difficulty compared to those with low perceived social support among students with special needs. the researcher point of view after training program sessions Parents have to work with them on reading faces, reading gestures and movements, and learning what is and is not appropriate to say. Parents may have to coach them through common social situations until they develop appropriate interpersonal skills. Parents can provide their children with practice in anticipating what might happen in

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various social situations. They can role-play with their children about what to do or say when they want to join a game that their cousins or friends are playing, or when grandparents say, "Read this to me." Some parents have found it useful to show the wrong way of handling a situation and then to have their children critique them. The process of acting situations out, problem solving, and talking about the situations, helps many children with learning disabilities think through various options.

Regarding total behavior problems score among the studied children as perceived by their caregiver's pre and post the psychosocial program, the current study showed that, the level of behavior problems among the studied children as perceived by their studied caregiver decreased post program than pre. These findings were agreed with a study done by **Taylor et al., (2017)**, reported the positive impact of universal social-emotional learning programs on social, emotional and academic outcomes, including a decrease in aggressive, anti-social and conduct behavior. Also these findings in the agreement of a study done by **Wilson and Lipsey, (2017)** concluded that universal programs delivered to all the students in a classroom or school are a key component for the prevention and reduction of aggressive behavior in school children. The researcher's point of view was that after program, training sessions may help caregivers to practice best methods in raising rather than negative raising methods as punishment, crying, and comparison between the child and their peers at the same level of education and strength on positive points in her child personality rather than weakness point and helping to be creative.

The findings of the current study revealed that there were highly statistically significant relations between the studied caregivers' total emotional distress and all items of their

demographic characteristics pre and post the psycho-social program at ($P < 0.001$). This may be due to that parents have lack of knowledge regarding how to deal and adjust to the child problems. The findings were similar to findings of **Kumar, (2018)** who stated that, parents with higher educational status had low psychological stress and high coping strategy scores. Most of the parents who are educated and young age seek professional help for coping. Also, the findings were similar to findings of **Oh & Lee, (2019)**. Who found that caregivers' emotional burden had statistically meaningful relationship, ($r = 0.21, p < 0.01$) with the caregivers' gender, income, housing status and with the caregiver's age, educational level and job.

Regarding correlation between caregivers' knowledge, practice emotional distress, and their social skills and behavior problems as perceived by caregivers. The current study illustrated that there were highly statistically significant positive correlations between the studied caregivers' total knowledge and both of their total practices and perceived social skills and negative correlations between total knowledge and both of total emotional distress and child behavior problems. These findings were consistent with **Kenny & Mc Gilloway, (2017)**, who stated that there were positive,

Conclusion

There were highly statistically significant relations between the studied caregivers' total emotional distress and their demographic characteristics pre and post the psycho-social program at ($P < 0.001$). There were highly statistically significant positive correlations between the studied caregivers' total knowledge and both of their total practices and total child's social skill. There were highly negative significant correlation between the caregivers' total knowledge and practice with both of total emotional distress.

and the child's behavioral problems pre and post the psycho-social program at($P < 0.001$), indicating that psychosocial program has great effect on enhancement of caregiver emotional distress and social skill for children having learning disabilities.

Recommendations

- ☒ Mass media should increase awareness of caregivers through educational program that educated them about learning disability especially letting people know that such children are not a curse for an evil deed.
- ☒ Applying psycho educational program at outpatient clinics and health centers for caregivers will be helpful in giving families information that will help their understanding of learning disability and can adopt more positive- coping strategies.
- ☒ Social support programs in the form of social services are essential for families of children with a learning disability. that is, focusing on the needs of all the family members instead of focusing on the needs of the person with a learning disability.
- ☒ Parent to parent support counseling will increase parental acceptance of the child's difficulty, reduce parental stress and anxiety, enhance a positive approach while dealing with their child with Learning.
- ☒ Integration of Caregivers and professionals in pediatric settings will enhance effective management of Learning Disability and other developmental disorders.

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تأثير برنامج نفسي اجتماعي على الاضطراب العاطفي لدى مقدمي الرعاية لأطفالهم الذين يعانون من صعوبات التعلم وادراكهم للمهارات الاجتماعية لدى هؤلاء الاطفال

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تُعد صعوبات التعلم اضطراباً عصبياً يؤثر في قدرة الطفل على تخزين المعلومات , معالجتها و إنتاجها. وتعنى عدم الترابط بين قدرة الطالب وأدائه حيث تؤدي إلى صعوبات أكاديمية واجتماعية هائلة. تعتبر رعاية الطفل ذوي صعوبات التعلم مصدراً للإضطراب العاطفي لدى مقدمي الرعاية وتسبب متطلبات الرعاية الإضافية الخاصة بمشكلة الطفل ضغطاً وإضطراباً أسرياً كبيراً. لذا هدفت هذه الدراسة إلى تقييم تأثير برنامج نفسي اجتماعي على الاضطراب العاطفي لدى مقدمي الرعاية للأطفال الذين يعانون من صعوبات التعلم وادراكهم للمهارات الاجتماعية لدى هؤلاء الاطفال . وقد أجريت الدراسة بالعيادة الخارجية للأطفال بمستشفى الصحة النفسية والعقلية بينها والتابعة للأمانة العامة للصحة النفسية في وقد تضمنت الدراسة عينة ملائمة من أفراد العائلة القائمين برعاية أطفالهم الذين يعانون من صعوبات التعلم تبعا (DSM-5) وعددهم (50). حيث كشفت النتائج أن البرنامج النفسي الإجتماعي له تأثير إيجابي على تحسين الاضطراب العاطفي والمهارات الاجتماعية كما يدرکها مقدمي الرعاية لأطفالهم ذوي صعوبات التعلم. كما أوصت الدراسة إلى إجراء مزيدا من الأبحاث للتعرف على الإحتياجات الجسدية, النفسية والاجتماعية لمقدمي الرعاية لأطفالهم ذوي صعوبات التعلم وقدرتهم على التكيف مع المشكلة.