A TRAINING PROGRAM ON EMOTIONAL ADJUSTMENT AND ITS SOCIAL COMMUNICATION EFFECT IN CHILDREN WITH BEHAVIORAL DISORDERS

Hadil Hussein FARAG HASSAN [1, 2*]

[1] Department of Education, College of Arts and Science, Northern Border University, Saudi Arabia.
[2] Department of Mental Health, Faculty of Education, Beni-Suef University, Egypt.

*Corresponding Author
E-mail: dr.hadilhussein2040 @ gmail.com

ABSTRACT

The present study seeks to investigate the effect of using a training program in improving the emotional adjustment and its effect in reducing the social communication disorder (pragmatic) for a sample of behaviorally disorderly children. The setting was a primary school in Rafha, Saudi Arabia. 60 students were identified as a final sample out of 90 students in many schools in Rafha province with 9.4 years as an average age using standard and validated scales. The quasi-experimental method has been used whereby these students were divided into two groups each 30 students, the experimental group, received 25 sessions from 20- 30 minutes each 'three times a week, for two months during 2019\2020.
The study concluded that the program was efficient in improving the emotional adjustment (the ability to temper control, social assertiveness, mood Repair, and anxiety control), and was efficient in reducing social communication disorder (pragmatic) for a sample of behavioral disorder children. The training program could improve the emotional adjustment of the behavioral disorder children and this was significantly reflected in reducing their level of social communication disorder (pragmatic).

Keywords: Working memory, Information encoding, Learning disabilities, Early childhood.

INTRODUCTION

The emotional factors contribute to the child's performance and his achievement in the various activities, tasks, and roles that life requires. As it is considered a general language that transcends the limits of the spoken language, it prepares the child for adjustments with his life, encourages him, and increases his endurance (Al-Khattinah *et al.*, 2015). Thorlacius and Gudmundsson, Einar (2019) indicate that emotional defect strongly influences the depreciation of mental health and the emergence of psychological problems and lack of adaptation to life problems. Modern theoretical and experimental studies suggest examining the emotional aspects of children and indicate that they reveal the level of their psychological health, as the ability of children to regulate their emotions is an indication of their normal development (Thorlacius and Gudmundsson, 2015). The major criterion for determining health is health promoting behavior and its ultimate goal is to make decisions regarding health and to prepare for desirable behaviors (Darkhor *et al.*, 2018; Mohseny *et al.*, 2019; Sarabi 2019; Sabir *et al.*, 2020). Language is the most important psychological tool for humans, as understanding and using language affects individuals' thinking and behavior. (Donahue and Cole, 1994) classified

language ability into; the Receptive language: which includes the individual's ability to receive and interpret languages, And the expressive language, which refers to the ability to produce linguistic and pragmatic language (Yamashiro and Vouloumanos, 2019).

It is obvious that researchers emphasize the importance of improving language skills among people with disabilities. However these aspects constitute the basic components of language development, there is an important linguistic aspect that many researchers have overlooked; namely, pragmatic language skills (Goberis *et al.*, 2012). The Diagnostic and Statistical Manual of Mental Disorders mentions social communication disorder (pragmatic) (SCD) within communication disorders which is defined as; constant difficulties in using verbal and non-verbal communication, and the inability to use communication for social purposes such as: greeting, as well as the weak ability to change communication to suit the context. Or with the listener's needs (Haiying and Christine, 2018). Behaviorally disturbed children suffer from behavioral and emotional problems that impede their Emotional Adjustment in an appropriate manner, and then affect negatively. On the use of language in general and in the social field.

Research Problem

Several studies, such as (Al-Akhzmi, 2011; Ricketts *et al.*, 2013) have recommended paying more attention to children with behavioral disorders in terms of emotional and social characteristics and their relationship with language development and social communication. Also, they have a shortage of the ability to control and express emotions and feelings, and then the ability to communicate effectively (pragmatic) and building social relationships with others, some studies suggested that people with fit Emotional Adjustment (EA) contributes to develop the personality in a healthy and integrated manner (George, 2010; Martínez *et al.*, 2011; Brouzos *et al.*, 2014). Studies have also emphasized the importance of reducing social communication disorder to achieve the Adjustment of children with their social context (Thorlacius and Gudmundsson, 2019; Miller *et al.*, 2015; Poulou and Bassett, 2018). Furthermore, researches recommended integrating educational and emotional supportive environments in Programs to reach harmony among students, modify their communication and improve their behavior (Shavega *et al.*, 2019; Gaile and Adams, 2018). The current research has responded to these recommendations and supposed that the disorders children need more attention in providing such assigned programs to help them educationally.

The research aims to find answer to the question: What is the effectiveness of the suggested training program in improving (EA) and its effect in reducing social communication disorder (pragmatic) among a sample of behavioral disorder children?

Research Objectives

This research aims to achieve the following goals:

- To reveal the effectiveness of the suggested training program in improving Emotional Adjustment of a sample of behavioral disorder children.
- Examine the effect of the suggested training program in reducing social communication disorder (pragmatic) in a sample of behavioral disorder children.

Research Terminology

- The Emotional Adjustment: is the appropriate emotional balance in different situations and the ability to control emotions and feelings, and express them in a way that enables individuals to modify attitudes and behaviors to respond appropriately to the situation, which helps them building a good social relationships with others (George, 2010; Martínez and Semrud, 2004; Brouzos *et al.*, 2014).

- A social communication disorder (pragmatic) (SCD): is defined in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) as a persistent deficit in pragmatic development that affects social functioning with additional persistent of language difficulties but without restricted repetitive behaviors resulting in functional limitations of effective communication.

- Disorder Behavioral children: Individuals who frequently exhibit deviant or abnormal patterns of behavior from what is usual or expected in the society in which they belong (Abdul-Razzaq, 2009).

Theoretical Framework and Previous Studies

The Emotional Adjustment (EA)

Adjustment is a continuous, dynamic process that makes a balance between the individual and his environment. Emotional Adjustment is the ability to control and express emotions in different situations and the ability to build social relationships free from psychological tensions (Abdel Hamid and Kafafi,1990; Fahmy, 1998). also, it is a state of constant emotional response (Al-Khringh, 2001). emotions are experiences that lead to some behavioral disorders, and they may affect the linguistic and motor development of the child (Zahran, 2005).

Thorlacius and Gudmundsson, (2019) divided children's Emotional Adjustment (Early Childhood) (Children's Emotional Adjustment Scale Preschool Version (CEAS-P) into three dimensions (Temper control, Social assertiveness, and Anxiety control). (Gillbert, 1979) found that children who have more awareness of emotional concepts are more able to control their emotional expression, There are studies that have shown a correlation between linguistic outcome and emotional intelligence (Eid, 2016) study. While Thorlacius and Gudmundsson, (2019) believe that Emotional Adjustment includes four dimensions, the first dimension is the child's ability to Temper Control, such as maintaining his calm in the situations that things not well going, dealing with patience and flexibility toward others. The second dimension is Social Assertiveness, such as his self-confidence when meeting with strangers, and seeking help with confidence from others. The third dimension is his ability to modify his mood, such as modifying situations in different ways rather than blaming himself, and finally the fourth dimension represented in his Anxiety Control, such as having high resistance to frightening thoughts.

The Social Communication Disorder (Pragmatic) (SCD)

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), pragmatic social communication disorder is characterized by fundamental difficulties in the practical function or social use of language and communication, and these appears through: the deficiency in understanding and following the social rules of verbal and non-verbal communication in the

natural context (Miller *et al.*, 2015). Some researchers showed that (DSM) is involved in the diagnostic category related to the framework of the communication disorder, which is one of the neurodevelopmental disorders that show a deficit in the cognitive ability, difficulty in social interaction, inability to understand and follow social rules.

(Mandy *et al.*, 2017) also, add that (pragmatic) social communication disorder (SPCD) is a new diagnosis presented by DSM-5, and is characterized by the emergence of social, verbal, and non-verbal communication problems. This is what was studied by (Catherine *et al.*, 2015) the effectiveness of a program applied to children with a pragmatic social communication disorder, and the results showed improvement in the social communication skills. The American Psychiatric Association has classified the criteria for diagnosing SPCD, as it is a persistent difficulty in using social communication, both verbal and nonverbal, and in the study (Haiying, and Christine, 2018), pragmatic language is considered one of the social communication skills that mean using language correctly in context. The study of (vandereet *et al.*, 2011) found four different profiles for acquiring the language vocabulary. There is some studies diagnosis the neurodevelopmental deficit in these children, such as (Brukner-Wertman *et al.*, 2016), and (Gillian and Courtenay, 2016). The study of (Juan *et al.*, 2016) also reported that these children don't have enough social sensitivity, self-confidence, nor firmness (Zaitouneh, 2018).

There are studies concerned with improving pragmatic communication disorders by providing therapeutic support programs. Al-Akhzmi (2011) study aimed at identifying the differences in the language skills and social interaction between students with disabilities who were included into general education schools and those who were not included, The Qashqoush *et al.* (2015) study also showed the effect of the training program on developing language skills.

The Behavioral Disorder Persons

Behavioral Disorder is the extreme and socially unacceptable emotional behaviorally that appears in social immaturity, irritability, stubbornness, and maladjustment with others (Ann *et al.*, 2017). We may find that behavioral disorder children suffer from patterns of emotional and social maladjustment. The study of (Park *et al.*, 2012) showed a correlation between communication skills, especially receptive language skills, and adaptive behavioral problems in children with behavioral disorders. with a relationship between the behavioral disorder and their emotions. The study of (Poulou and Bassett, 2018) showed young children behaviors toward others influenced by their emotions. This agrees with the study of (Beceren and Özdemir, 2019) as it revealed a close relationship between mood traits and empathy skills in preschool children in predicting their social-emotional adjustment in the future.

There is also a close relationship between behavioral disorder and pragmatic social communication disorder, which has been shown by a study of (Miller *et al.*, 2015). there is a justification for the necessity and importance of careful monitoring of early pragmatic language development in young children exposed to family risk, and this was agreed with the results of the study of (Greenslade *et al.*, 2019) on the necessity of early training on the social and linguistic communication, Specialists in educational sciences and psychological studies recommend the necessity of adopting therapeutic approaches and programs to improve behaviorally disorders and the factors that lead to their occurrence, (Poulou, 2018) recommended the necessity of adopting new visions in the education of problematic children. In addition, the Shavega *et al.*,

(2019) showed the relationship of providing emotional support programs to the child in the classroom with improving the behavioral adaptation of children.

In this context, the study of (O'Connor and Hayes, 2019) sought to investigate the impact of "social stories" as a familiar approach for children with autism and whether they would lead to improvements in behavioral disorders for children with behavioral and language difficulties. The study of (Gaile and Adams, 2018) used a specialized program using metacognitive strategies to help children with a pragmatic social communication disorders, The results showed the effect of a metacognitive content in treating speech and language disorder and social skills.

Hypotheses

The current study aims at testing the following hypotheses:

- There are statistically significant differences between the two average scores on the Emotional Adjustment (EA)-Scale for the experimental and the control group.
- There are statistically significant differences between the average scores on the social (pragmatic) communication Scale (SCD)-Scale for the experimental and the control group.
- There are statistically significant differences between the average scores on the (EA)-Scale for the pre and post-test for the experimental group.
- There are statistically significant differences between the average scores on (SCD)-Scale for pre and post-test for the experimental group.
- There are no statistically significant differences between the average scores on the (EA)-Scale for the post and follow up-test for the experimental group.
- There are no statistically significant differences between the average scores on (SCD)-Scale for the post and follow up-test scores group for the experimental group.

MATERIALS AND METHODS

Data collection and sampling

The research sample consisted of (60) with behavioral disorder students from (Northern Borders Region - Saudi Arabia), their chronological age ranged from (8-11) with an average of (9.4) years, divided into two groups; the experimental group (30) students were treated with the suggested training program, and the control group (30) students Traditional treated.

To verify the homogeneity of the sample characteristics, the following measures were applied previously:

- Stanford-Binet Intelligence Scale Fifth Image: a test for individuals, to measure their cognitive abilities and intelligence from age (2- 85) years, and the well-known use of the Stanford-Binet Scales includes diagnosing various states of cognitive delay in children, mental retardation, learning disabilities, autism, and mental talent.
- The Burks Behaviorally Rating Scale (BBRS): a screening test to identify behavioral disorders in students, the scale consists of (110) items individual and group applicable distributed on (19) sub-scale used as tests to estimate the description of behavioral patterns. Choosing (6 sub-dimensions) to identify the problem exists.

Table 1. Characteristics of the experimental and control group

Variables	Group	N	Medium	Standard Deviation	T Value	F Value	Sig
Age	Experimental	30	8.10	1.5	0.1	0.49	No
	Control	30	9.4	1.6			
Intelligence	Experimental	30	84.3	4.4	0.5	0.77	No
	Control	30	82.3	4.4			
Behavioral Disorders	Experimental	30	21.2	1.9	0	0.8	No
	Control	30	21.2	2.6			
SC- Scale	Experimental	30	49.2	1.3	0.7	1.2	No
	Control	30	49.0	1.37			
EA-scale	Experimental	30	33.4	2.1	0.2	1.1	No
	Control	30	33.3	2.2			

Table 1 shows that there are no statistically significant differences between the averages of the degrees of applying the four measures between the experimental and control groups. This indicates that it is a homogeneous sample which can be used as a suitable sample for research.

Tools of the study
Emotion Adjustment (EA)-Scale (Thorlacius and Gudmundsson, 2015) (translated and rationed/ the researcher: The scale aims at assessing the Emotional Adjustment of children, and the final image of the scale includes (47) statements of positive direction distributed on four main dimensions. They are: 1- Temper Control, 2-Social Assertiveness, 3-Mood Repair, 4-Anxiety Control. The psychometric characteristics of the scale: The validity of the scale was verified using the validity of the external test, and was calculated for (40) behavioral disorder children using the method of vocabulary validity by calculating the correlation coefficient between the degree of each statement and the total degree of the dimension to which it belongs after omitting the degree of the item, the values were ranged between (0.61) and (0.87), which are high and positive values indicating the validity of the scale.

Also, the reliability was calculated on (40) behavioral disorder children using the half-segmentation method, and the Alpha-Cronbach method. The alpha stability is between (0.57) and (0.84), which indicate an appropriate reliability coefficient, hence, the stability of the scale is suitable.

Social (Pragmatic)Communication Disorder Scale (SCD)-Scale (prepared by the researcher): The scale consists of (36) items divided into three dimensions (verbal communication skills, non-verbal communication skills, and social communication skills). The psychometric properties of the scale: The vocabulary validity was calculated by calculating the correlation coefficient between the degree of each statement and the total degree of the dimension to which it belongs after deleting the item degree. The values of the correlation coefficients ranged between (0.61), (0.87), which are high and positive values. The scale stability was applied using the half-segmentation method. The values of the stability coefficients using the Cronbach alpha method

ranged between (0.57), (0.84) which are high stability coefficients values and indicates the stability of the scale.

The suggested program (treatment tool): The following is a description of the procedures and steps followed by the researcher to achieve the main objective of the research.

The goal of the program: To train behavioral disorder children to use mechanisms those ensure their exercise of emotional adjustment skills in order to improve behavioral disorder and pragmatic social communication.

The content: The researcher used a set of techniques appropriate to the characteristics of behavioral disorder students.

Program Strategies Applied

- Direct modeling: by simulating and imitating the researcher face to face.
- Teamwork: in which ideas, dialogue, and a spirit of cooperation are developed.
- Educational games: integrating ideas and skills for children through entertainment and fun.
- Brainstorming: by compiling a list of ideas and solutions that group members contribute spontaneously.
- Feedback: The student is informed of the results of his responses, the mechanism for correcting his mistakes, and for organizing and controlling their behavior.
- Reinforcement and support: It is provided immediately and continuously after the first response, and intermittently in the subsequent responses.
- In addition to Role-play and Verbal guidance.

Program implementation principles

- All the exercises in the sessions range from easy to difficult.
- In case that the goal of the session doesn't achieve, the session will be repeated.
- the sessions of the program are evaluated according to the constructive or formative (continuous) evaluation and the diagnostic evaluation.
- Duration: The program consists of (25) sessions, three sessions per week for a period of two months.

The teaching plan for the program

It includes several points according the Topics sequence as:

- from (1-7) Anger Control, Flexibility of thinking, Accept criticism and other opinions, Self-esteem and Self-support and motivation.
- from (8-12) Realizing and building self-confidence, Being aware of unfamiliar situations, Respecting others and avoiding attributing mistakes to others, Thinking about everything that is positive and stay away -from everything that is negative and Realizing self-concept.
- From (13-17) Reducing negative feelings, Moving away from constant self-blame, Training on Self-control, through self-instruction, Replacing irrational thoughts and false beliefs, Training on self-talk and Humor-inducing activity exercises to change the mood.

- from (18-25) Re-control the physiological responses that express anxiety, Use imagination and self-appeasement to reduce fear, Stay away from exaggeration, intimidation and excessive generalization of actions and positions, Control the fears and situations that cause anxiety rationally and realistically, Staying away from wrong guesses, conclusions, and apprehensions, Change the way of thinking that responds in an illogical way to events and Relaxation movement exercises.

The study designs

This research uses a quasi-experimental method has two variables an independent variable and a dependent one. Pre/post/ follow-up tests have been followed by a layout of the control and experimental groups.

Study variables

- Independent variable: the program.
- Dependent variable: Emotional Adjustment Scale and Social Communication Disorder Scale.
- Results were collected using the equivalent group method to determine the effect of the independent variable on the dependent variable.
- The study used some statistical methods: Correlation, medians, mean standard deviation, and T-test to find out the significant differences between the means.

The Steps

- Preparing the theoretical framework and previous studies of the research.
- Preparation of research tools and rationing it, and calculating the statistical validity and reliability.
- Selecting the research sample through applying the diagnostic tools.
- Applying the experimental treatment tools to pre-evaluate the experimental group and the control group.
- Implementation of the proposed program for the experimental group only during 25 training sessions.
- Applying the experimental treatment tools to evaluate the experimental group and the control group.
- Applying experimental treatment tools in a tracing way to evaluate the experimental group and the control group after a period of two weeks after the post applying.
- Collecting and analyzing data and using appropriate statistical methods.

RESULTS AND DISCUSSION

Hypothesis 1

There are statistically significant differences between the average scores on the EA-Scale for the experimental and the control group. The means, the standard deviations, and t-values of

students' scores on the subdomains and total of the Emotional Adjustment Scale for the experimental group and the control group have been measured as illustrated in the **Table 2**.

Table 2. The scores of EA-Scale for experimental and control group

Variable	experimental group	control group	experimental	Control group	T Value	F Value	Significance Level
	M1	M2	SDEV1	SDEV2			**
Temper control	39.5	33.1	2.2	2.1	11.5	1.1	**
Social Assertiveness	25.3	19.6	1.7	1.8	12.7	1.0	**
Mood Repair	37.2	31.6	1.6	1.5	13.6	1.1	**
Anxiety control	22.4	16.4	2.0	1.5	13.0	1.9	**
Total	124.5	100.7	4.8	4.4	20.1	1.2	**

N.=30; df= 58; T Probability < .0001

Table 2, indicates that there is a difference in the mean of subdomains of the Emotional Adjustment Scale (Temper control, Social Assertiveness, Mood Repair, and Anxiety control) and as a total among the control group and the experimental group which is all greater for the experimental group whereas the t-values are (11.5, 12.7, 13.6 and 13.0) according to the subdomains and as total (20.1). Therefore, it is revealed that the t-value is statistically significant in df= 58 at (0.001). Hence, the first hypothesis is verified.

Hypothesis 2

there are statistically significant differences between the average scores on (SCD)-Scale for the experimental and the control group. the means, the standard deviations, and t-values of students' scores on the sub domains and total of SCDS Scale for the experimental group and the control group have been measured as illustrated in **Table 3**.

Table 3. The scores of (SCD)-Scale for the experimental group and the control group

Variable	experimental group	control group	experimental group	control group	T Value	F Value	Significance Level
	M1	M2	SDEV1	SDEV2			**
verbal communication skills	27.1	17.5	1.2	1.2	30.4	1.0	**
non-verbal communication skills	27.8	17.7	1.1	1.3	32.5	1.5	**
social communication skills	21.7	13.5	1.6	1.4	21.4	1.2	**
Total	76.5	48.7	2.5	2.0	47.8	1.5	**

N.=30; df= 58; T Probability < .0001

Table 3, indicates that there is a difference in the mean of subdomains of the SCDS Scale (verbal communication skills, non-verbal communication skills, and social communication skills) and as total among the control group and the experimental group which is all greater for the experimental group whereas the T-values are (30.4, 32.5, and 21.4) according to the

subdomains and as total (47.8). Therefore, it is revealed that the t-value is statistically significant in DF= 58 at (0.001). Hence, the second hypothesis is verified.

Hypothesis 3

There are statistically significant differences between the average scores on the EA-Scale for the pre and post-test for the experimental group, the means, the standard deviations and t-values of students' scores on the sub domains and total of EA-Scale for the pre and the post-test have been measured as illustrated in **Table 4**.

Table 4. The scores of EA-Scale pre\ post for the experimental group

Variable	Pre	Post	Pre	Post	T Value	F Value	Significance Level
	M1	M2	SDEV1	SDEV2			**
Temper control	33.4	39.5	2.2	2.2	10.8	1.0	**
Social Assertiveness	19.6	25.3	1.7	1.7	12.9	1.1	**
Mood Repair	31.6	37.2	1.7	1.6	12.9	1.1	**
Anxiety control	16.6	22.4	1.6	2.0	12.1	1.6	**
Total	124.5	101.2	4.7	4.1	20.3	1.3	**

N.=30; df= 58; T Probability < .0001

Table 4, indicates that there is a difference in the mean of subdomains of EA-Scale (Temper control, Social Assertiveness, Mood Repair, and Anxiety control) and as total among the control group and the experimental group which is all greater for the experimental group, and that the standard deviation values differ pre and post-test for the experimental group, whereas the t-values are (10.8, 12.9, 12.9 and 12.1) according to the subdomains and as total (20.3). Therefore, it is revealed that the t-value is statistically significant at (0.001). Hence, the third hypothesis is verified.

Hypothesis 4

there are statistically significant differences between the average scores on (SCD)-Scale pre and post-test for the experimental group, the means, the standard deviations and t-values of students' scores on the sub domains and total of SCDS Scale for the pre and post-test for experimental group have been measured as illustrated in **Table 5**.

Table 5. The score of (SCD)-Scale for the pre\ Post-test of experimental group.

Variable	Pre	Post	Pre	Post	T Value	F Value	Significance Level
	M1	M2	SDEV1	SDEV2			
verbal communication skills	17.9	27.1	1.5	1.2	25.7	1.6	**
non-verbal communication skills	18.3	27.8	1.2	1.1	31.5	1.3	**
social communication skills	12.9	21.7	1.0	1.6	25.4	2.2	**
Total	49.2	76.5	2.1	2.5	45.8	1.336	**

N.=30; df= 58; T Probability < .0001

Table 5, indicates that there is a difference in the mean of subdomains of the SCDS Scale (verbal communication skills, non-verbal communication skills, and social communication skills) and as total among pre and post-test for the experimental group which is all greater for the post-test, and that the standard deviation values differ among pre and post-test, whereas the t-values are (25.7, 31.5, and 25.4) according to the subdomains and total (45.8). Therefore, it is revealed that the t-value is statistically significant at (0.001). Hence, the fourth hypothesis is verified.

Hypothesis 5

There are no statistically significant differences between the average scores on the EA-Scale of the post and follow up -test for the experimental group, the means, the standard deviations and t-values of students' scores on the sub domains of EA-Scale of post-test and follow up-test for the experimental group have been measured as illustrated in **Table 6**.

Table 6. Scores of EA-Scale Post\ follow up for the experimental group

Variable	Post	Follow up	Post	Follow up	T Value	F Value	T Probability	Significance Level
	M1	M2	SDEV1	SDEV2				
Temper Control	39.5	39.8	2.2	2.1	0.5	1.2	0.6	**
Social Assertiveness	25.3	25.8	1.7	1.9	1.0	1.2	0.3	**
Mood Repair	37.2	37.1	1.6	1.8	0.2	1.3	0.8	**
Anxiety Control	22.4	22.8	2.0	2.0	0.6	1.1	0.5	**

N.=30; df = 58; T Probability < .0001

Table 6, indicates that there is no big difference in the mean of subdomains of EA-Scale: (Temper control, Social Assertiveness, Mood Repair, and Anxiety control) between post and follow up-test for the experimental group which is all almost equal in the post-test and follow up-test for the experimental group, whereas the t-values are (0.5, 1.0, 0.2 and 0.6) according to the subdomains. Therefore, it is revealed that the t-value is Not statistically significant in df= 58 at (0.001). Hence, the fifth hypothesis is verified.

Hypothesis 6

there are no statistically significant differences between the average scores on the social (pragmatic) communication Scale of post and follow up-test for the experimental group", the means, the standard deviations and t-values of students' scores on the sub domains of social (pragmatic) communication Scale for the post-test and follow up-test have been measured as illustrated in **Table 7**.

Table 7. The scores of post and follow up-test for the experimental group

Variable	Pre	Post	Pre	Post	T Value	F Value	T Probability	Significance Level
	M1	M2	SDEV1	SDEV2				
verbal communication skills	27.1	27.1	1.2	1.2	0	1.1	1	**

non-verbal communication skills	28.1	27.8	1.1	1.1	1.2	1.1	0.2	**
social communication skills	22.0	21.7	1.3	1.6	1.0	1.4	0.3	**

N.=30; df. = 58; T Probability < .0001

Table 7, indicates that there is a difference in the mean of subdomains of (SCD)-Scale: (verbal communication skills, non-verbal communication skills, and social communication skills) among post and follow up-test for the experimental group which is all almost equal for the post-test and follow up-test whereas the t-values are (1, 0.2, and 0.3) according to the subdomains. Therefore, it is revealed that the t-value is statistically NOT significant in df= 58 at (0.001). Hence, the sixth hypothesis is verified.

The study seeks to investigate the effect of the using a training program in improving the emotional adjustment, also its effect on reducing the social communication disorder (pragmatic) for a sample of behavioral disorder children. the research result concluded that the training program has a big effect in improving the Emotional Adjustment for experimental group children, This is attributed to the effect of the program in improving the emotional adjustment through which the experimental group has trained with, specialists called for the importance of improving the emotional adjustment in achieving integrated growth to build a normal personality (Ricketts *et al.*, 2013). Whereas, Thorlacius and Gudmundsson, (2019) indicate that emotional defect strongly influences the emergence of mental health problems and psychological.

This improvement in the level of the experimental group children may be due to the fact that they have had a safe psychological environment (Cicchetti and Cohen, 2006; Thorlacius and Gudmundsson, 2015). The support provided to the child and peers also provided the ability to build social relationships free from psychological tension, which is supported by the study of (Poulou and Bassett, 2018) (Eid, 2016), and most importantly, this has a positive effect on the experimental group in modifying their behaviorally, the study of (Beceren and Özdemir 2019) when it revealed a close relationship between mood traits and empathy skills of the children to predict their social-emotional adjustment, also the study of (Shavega *et al.*, 2019) which recommended the providing of emotional and support programs for children.

Likewise, the research results concluded that the training program has a big effect in reducing the social (pragmatic) communication disorder for experimental group children, that was very clear in every subdomain, this is confirmed by a study (Greenslade *et al.*, 2019) on the necessity of early attention to social and language communication training. and the study of (Mandy *et al.*, 2017) confirmed that they need psychological and educational support through specialized diagnostic and treatment programs, the current research has been concerned with design the educational and psychological standards that are suitable for the research sample. The results of it are consistent with the study of (Gaile and Adams, 2018; Al-Akhzmi, 2011), also the study of (Qashqosh and others, 2015). However, the research result concluded that the training program has no significant effect in the emotional adjustment or the social communication disorder (pragmatic) on the long run for the experimental group, and this may be due to the view that the progress of these training programs doesn't have a long-term effect, as behavioral disorder children need constant care and support. The study of (Miller *et al.*, 2015) assured what the new

diagnosis of DSM-5 assumes that the social communication disorder (pragmatic) (SCD) occurs more clearly among families who have behavioral personality disorder. Also, the (Park *et al.*, 2012) study demonstrated a correlation between communication skills, and adaptive behavioral problems in children with behavioral disorders. Therefore, the research recommended paying attention to develop social harmony which is vital in improving social communication disorders in children.

CONCLUSION

In conclusion, this research explored the efficiency and effectiveness of the suggested program during (25) sessions that included many methods and techniques aimed at training children with behavioral disorders on several different patterns, in improving emotional adjustment in its four dimensions, then improving their abilities for social adaptation, and avoiding extreme and socially unacceptable behaviors, as the program demonstrated the students' ability to anger control, social self-affirmation and mood repair as well as the ability to anxiety control while facing different situations, and this was significantly reflected in the level of social maturity that it appeared in their ability to communicate socially (pragmatic).

Recommendations
- Paying attention to studies and research in the context of emotional adjustment among groups with special needs.
- Motivating researchers to pay attention to patterns, emotional aspects, and social communication while preparing training programs for behavioral disorder persons.
- Holding workshops to train teachers to reveal the characteristics of students with behavioral disorders.
- Training students to use cognitive and behavioral techniques to reduce pragmatic social communication disorder.
- Holding awareness sessions for parents of students with behavioral disorders.

Further Research Suggestions
- Applying programs to reduce social communication disorders in children with autism.
- A comparative study of emotional adjustment and social communication disorder (pragmatism) among the mentally handicapped, slow learners.
- Examine the relationship between emotional adjustment and social communication disorder (pragmatic) among university students.

ETHICS STATEMENT: The experiments were carried out in accordance with local ethical guidelines' Institutional Review Board (IRB) statement No 3245. We certify this approval of the Deanship of Scientific Research in Northern Border University in Arar, KSA.

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