

Effectiveness of Group Counselling in Enhancing Life Skills of Marginally Intelligent Students

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Abstract:

Background: Marginally intelligent children constitute a significant part of the student population and usually have issues like poor academics, poor problem solving skills, slow information processing and poor social skills. **Aim:** The purpose of the study was to examine the effect of group counseling in enhancing life skills of marginally intelligent students. **Methods:** The study divided marginally intelligent children into experimental group and waitlist control group and provided with 10 sessions of life skills training to experimental group. 42 marginally intelligent students received group life skills training, whereas 31 marginally intelligent students did not receive life skills training as part of the study, however, were later received the same for ethical reasons. The group life skills intervention program was comprised of 10 sessions in 3 stages, for a period of 5 weeks. Both the groups were compared at baseline, post-treatment, and follow-up. **Results:** Results showed a significant increase in life skills of members of the experimental group compared to the waitlist control group at post-intervention. In addition, these differences were maintained even at follow-up assessment. **Conclusion:** Group life skills training improves academic and study skills, self-esteem, self-confidence, time management and interpersonal skills.

Keywords: Life skills, Marginal Intelligence, Group intervention, High school students.

I. INTRODUCTION

'Marginal intelligence' term was first used by Maloney and Ward (1979) to refer to those persons who are not considered retarded by American Association for Mental Deficiency (AAMD, 1973) criteria but who, nonetheless, have significant problems with respect to low intelligence. Marginal intelligence refers to the children or people with IQ between 70-89, and who have problems in academic, social, and vocational areas. These children are also known to be poorly equipped with daily life skills and manifest difficulties in school settings (Cantwell & Baker, 1995). According to Masi, Marcheschi and Pfanner, (1998) the marginally intelligent children are at psychopathological risks, particularly in terms of mood disorders, conduct disorders and intellectual deterioration.

Children with low IQ commonly face social problems, achievement difficulties, general apathy, low frustration tolerance, not being able to work fast enough, numerous conflicts with peers, and poor problem solving skills (Gregory, 1987; Zetlin & Murtaugh, 1990). Due to several of these problems they are generally considered 'at risk' for emotional disturbances and generally said to lack skills that helps to be successful in school or in society. Further, skills deficit has also shown to be a risk factor for mental health problems in the marginally intellectual people (Steven, 2000). However, majority of the research has been focused on other at-risk child population such as educable mentally retarded, learning disabled and the gifted population

compared to the marginally intelligent children (Hassiotis, et al., 2008). Compared to children with mental retardation, marginally intelligent children are more educable, and many of the problems they face in their day-today life can be reduced if adequate inputs are provided (Gregory, 1987). Given this, the rationale of the study was to explore their psychological, intellectual and sociological problems and to suggest feasible intervention programs for this children especially in schools.

Identification of the problems and skills and subsequent intervention for these children is easier in school setup. Teachers if given inputs can understand the intellectual capabilities and the limitations of the marginally intelligent students as children in the range of 70 – 89 IQ attend regular school setup. Therefore, if intervention package is designed for the school setting, it will reach maximum number of children and with least resistance. One of the promising intervention for these children are life skills training. It has shown that learning life skills and implementing them in everyday life can ameliorate several problems that are encountered in daily life situations (Steven, 2000). Life-skills refer to abilities for adaptive and positive behavior that enable individuals to deal effectively with the usual demands and challenges of everyday life. Life skills, from this perspective, help to promote mental well-being and competence in children as they face the realities of life, learn and practice skills, and to be empowered to take responsibility for their

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actions. In short, life skills are those skills that enable a person to succeed in the environment they live in (WHO, 1993).

Life skills can be behavioral (effective communication with peers and adults), cognitive (decision making), intrapersonal (goal setting), and interpersonal (assertiveness). Many skills are referred to as life skills, and the nature and definition of life skills differs across cultures. However, some of the skills are considered to be core skills which helps in promotion of health and well-being of children and adolescents. These core type of skills include problem-solving, decision-making, creative thinking, critical thinking, self-awareness, empathy, communication skills, interpersonal relationship skills, coping with stress, coping with emotions and self-care (WHO, 1993). Research highlights that teaching skills, as part of broad-based life skills programs is an effective approach for primary prevention (Errecart, Walberg, Ross, Gold, Fielder & Kolbe, 1991; Caplan, Weissberg, Grober & Jacoby, 1992; Perry & Kelder, 1992). Teaching life skills appears in a wide variety of educational programs with demonstrable effectiveness, including programs for the prevention of substance abuse (Botvin, Eng & Williams, 1980, 1984; Pentz, 1983; Wodarski & Feit, 1997), adolescent pregnancy (Schinke, 1984; Zabin, Hirsch, Smith, Street & Hardy, 1986; Wodarski & Feit, 1997; Keddie, 1992; Plotnick, 1992), prevention of bullying (Olweus, 1990); prevention of AIDS (WHO, 1994), promotion of self-confidence and self-esteem (Tacade, 1990; Kumfer & Turner, 1991; Singh & Mustapha, 1994), dealing with delinquency (Dukes & Lorch, 1989), peace education (Prutzman, Stern, Burger & Bodenhamer, 1988), and halting suicidal thoughts (Choquet, Kovess & Poutignat, 1993). It is also suggested that younger children be equipped with life skills to promote resilience (Civitan, 1995; Parker, Cowan, Work, & Wyman, 1990), self-understanding (Beardslee, 1989), and communication (Luthar, 1991; Werner & Smith, 1992).

Though there are extensive research available on the effectiveness of life skills training among adolescents, according to the available knowledge, there are no studies on children and adolescents who are marginally intelligent, and especially in the Indian sub-continent. In this regard, the current research is undertaken to study the effectiveness of Life Skills training program on high school students.

II. METHOD

The sample consisted of 73 students studying in eighth to tenth grade of Greater Bengaluru schools that are situated in urban and semi-urban areas. These 73 children were divided into experimental group (n = 42; boys = 23, girls 19) who received life skills intervention and the waitlist control group (n = 31; boys 17, girls 14) who did not receive life skills intervention as part of the study (but later received similar intervention). Schools were selected based convenient sampling. On the whole, seven schools were approached for the study, and 4 schools were selected based after obtaining permission. Those students who had undergone similar training program, if any and those with significant psychiatric and/or serious physical disorders were excluded from the study. On the whole, 1202 students from the 4 schools were administered the personal data sheet to collect relevant demographic information. Their ages ranged from thirteen

years to sixteen years (mean age experimental group = 14.76; waitlist control group = 14.54). Students were then administered Life Skills Questionnaire developed for the study. Those who obtained the score of below 39 (-1 SD) on this questionnaire (n=274) were then administered the Cattell and Cattell's Culture fair test of intelligence (Cattell & Cattell, 1973). Students, who scored between 70 – 89 (on intelligence test) were selected for the main study (n=73). In those schools where students who fulfilled the criteria of marginally intelligent were very few in numbers and so that the 'group' could not be formed and were therefore retained in waitlist control group. Approval was obtained from the University protocol review committee for the study. In addition, permission from the school management and teachers; written informed consent from the parents and informed assent from the children was obtained before commencing the study.

2. Procedure:

The experimental group were subjected to group intervention for enhancing life skills. The waitlist control group was not subjected to any kind of intervention as part of the study, but later provided life skills training for ethical reasons. On the whole both the groups were assessed on Life skills questionnaire. There were three assessment points both groups, baseline/pre-assessment (time 1) i.e. before starting the intervention for experimental group), post-assessment after the 5 week duration (time 2) i.e. duration of the intervention program for experimental group) and follow-up assessment (time 3) i.e. after 45 days as follow up assessment.

3. Instruments:

Life skills questionnaire (LSQ): Life skills questionnaire was developed and standardized by the authors specifically to measure life skills of the high school students. The LSQ has 30 items measuring 6 factors, namely, social skills, academic skills, academic anxiety management, time-management skills, social problem-solving skills and self-care skills. The questionnaire had an internal consistency reliability coefficient of 0.7132, split half co-efficient of 0.5836 and one month test-retest correlation of 0.67916, where all were significant at 0.001 level. The questionnaire can be administered individually or in a group setting. The subjects have to rate each item on a 4 point scale ranging from 0 = "never", 1 = "sometimes", 2 = "most of the times", and 3 = "always". Examples of the items, 'I have difficulty in concentrating on my studies'; 'I can talk freely with strangers'; 'I go on postponing my work until the final day'. The maximum obtainable score is 90 and minimum is 0, where higher the score better is the life skill. The mean score on the scale was calculated as 46.5, with a standard deviation of 7.77. Those subjects scoring below 39 on the life skills questionnaire were categorized as having low life skills.

Culture Fair Test of Intelligence (Cattell & Cattell, 1973): For the current study "Test of 'G': culture fair, scale 2, form A" was selected. Scale 2 can be administered in a group and to children from 13 years onwards. The scale is reported to have consistency in item content (.76), consistency across two parts of each test (.67), and consistency in test scores over time (.73).

4. Life Skills Intervention program:

Students in experimental groups were assigned to groups consisting of 8 – 12 numbers (Loeser, 1957) and the frequency of the sessions was kept twice a week (Glanz and Hayes, 1971). The group setting and the interaction process followed the standard group counseling practices (Ohlson, 1973; Gladding, 1991), ethical principles of Association for Specialists in Group work (ASGW, 1989) and American Association for Counseling and Development (AACD, 1992). The members in each group were acquainted with each other by virtue of their being either classmates or schoolmates. The intervention sessions were conducted in the class rooms during recess and/or after regular school hours. The members of the each experimental group were subjected to a life skills intervention program. Each group was subjected to intervention on different days of the week. The members of the waitlist control group were not exposed to any intervention strategies. The procedures followed are as given below. The Life Skills intervention was spread over ten sessions in 3 stages, for a period of five weeks. The researcher facilitated the intervention sessions and the duration of the sessions was progressive in nature. The time spent for each session ranged progressively from a minimum of 60 minutes to 180 minutes. The initial sessions started with sixty minutes and each following session was increased by about ten to fifteen minutes to revise and discuss the happenings of the previous sessions. The sessions consisted of group-oriented activities, group interaction, and psychoeducation, giving and receiving feedback and assigning home tasks. At the beginning of every session the participants shared their attempts, successes and failures in carrying out the given assignments which were meant to be practiced outside the sessions by reflecting on the learning in the previous session. Once the reporting was done, the activity for the session was started which was based on situational tests and experiential learning. Sessions were terminated after reflective and summarizing process. Stage I, the Preparatory stage consisted of 3 sessions that aimed at preparing the group for the intervention which aimed at group formation, rapport building, development of group cohesiveness, and goal setting. Stage II, the Implementation stage focused on group intervention techniques meant to build their existing life skills. The stage consisted of six sessions focusing on enhancing different life skills which was achieved through group counseling activities that included group processes, group activities, brain storming and finally arriving at a consensus. The sessions at this stage focused on training of time management skills, study skills; to reduce academic anxiety; to enhance interpersonal skills, problem solving/decision making skills and to foster self-health care skills. Stage III was the termination stage, which focused on reviewing the learning gained through previous sessions.

5. Statistical Analysis:

Chi-square and Student’s t test were used to find the group difference for sociodemographic and clinical variables, such as gender, age, school grade, life skills and intelligence. To evaluate the effectiveness of the intervention program, baseline and post assessment scores, as well as ‘post assessment and follow-up assessment scores between of the waitlist control group and the experimental group were subjected paired samples ‘t’ test.

III. RESULTS

Results showed no significant difference in the gender distribution ($\chi^2 = 0.592$, NS) and school grade wise distribution ($\chi^2 = 0.993$, NS) between experimental and waitlist control group. Similarly, there was no significant difference in age ($t = 0.813$, NS), intelligence ($t = 1.18$; NS) and life skills ($t = 1.76$; NS).

Table1: Showing the demographic and clinical values between the experimental and waitlist control groups.

Variables	Groups				t value
	Experimental		Waitlist Control		
	Mean	SD	Mean	SD	
Age	14.76	1.14	14.54	1.05	0.83 NS
Intelligence	80.88	5.14	79.58	4.24	1.18 NS
Life skills	31.97	5.32	29.87	4.80	1.76 NS

NS = Non-significant

With respect to the effects of intervention, paired t – test showed no significant difference between baseline and post (time 2) assessment of life skills in waitlist control group ($t = 1.41$, NS). However, significant differences were observed in life skills between pre and post assessment in experimental group ($t = 21.09$, significant at $p < .01$ level).

Table 2: Showing the life skill scores at pre- and post assessment between the experimental and waitlist control groups

Life Skills	Pre-assessment		Post-assessment		t value
	Mean	SD	Mean	SD	
Waitlist control	29.87	4.80	29.45	4.82	1.41 (NS)
Experimental	31.97	5.32	48.50	4.59	21.09 **

NS= Not Significant, ** $p < .01$

Results showed no significant difference between the post and the follow-up scores in life skill in experimental group (post assessment mean = 48.50, follow-up assessment mean = 49.09, $t = 1.91$, NS) as well as in waitlist control group (post assessment mean = 29.45, follow-up assessment mean = 29.77; $t = 1.38$, NS).

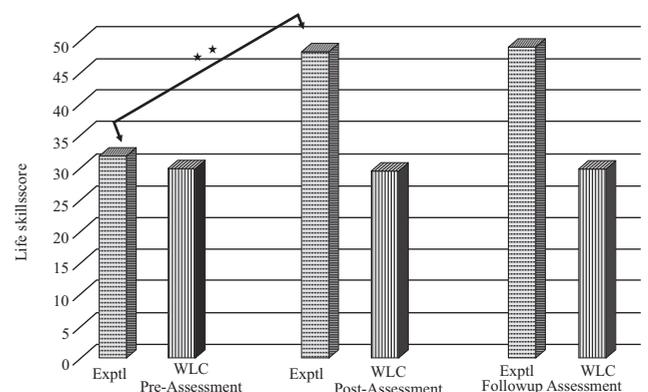


Fig 1: Showing the mean Life skill values for Experimental and Waitlist control group at pre-, post and follow-up assessment.

IV. DISCUSSION

Overall the results of this study suggest that the training in life skills have a positive impact on the marginally intelligent high school students' ability to learn and maintain them. According to the theoretical as well as the empirical literature the presence of life skills makes a substantial difference for an individual in all the facets of life (Steven, 2000; Errecart, Walberg, Ross, Gold, Fielder & Kolbe, 1991; Caplan, Weissberg, Grober & Jacoby, 1992; Perry & Kelder, 1992). The term life-skills refer to abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges they face in everyday life (WHO, 1993). Life skills, from this perspective, are those abilities that help promote mental well-being in young people. According to Maurice, (1993) life skills help the individual to make choices, to carry out effective interpersonal relationships and social responsibilities, and resolve conflicts without resorting to actions that will harm oneself or others. Henceforth, the study has importance as it aims to impart the skills for children who are marginally intelligent.

The objective of the present study was to investigate the effectiveness of life skills intervention in children who are marginally intelligent students. For the same experimental group was subjected to group life skills intervention in their respect schools. On the other hand, waitlist control group was not given any intervention as part of the study, but later provided the same intervention. Both the groups were assessed at three time points, corresponding to pre-assessment, post-assessment and follow-up assessment. Both the groups did not show any statistically significant difference and hence were considered similar in terms of sociodemographic variables such as age, gender, and school grade in which they were studying (table 1). Similarly both the groups did not show any significant difference in terms of intelligence and life skills scores at the pre-assessment (table 1). This indicates that any significant difference shown in life skills post intervention cannot be the result of any differences in socio-demographic variables, intelligence or pre-intervention life skills scores.

The results comparing pre-intervention and post-intervention showed that the experimental group improved significantly in terms of their life skills after the group intervention (table 2) and maintained the improvement that they had gained after the 45 days follow-up period. On the other hand, waitlist control group did not show any significant difference in terms of life skills post-assessment compared to the pre-assessment values. Similarly, follow-up assessment period life skills scores of the waitlist control group did not significantly differ to the post-assessment period scores. This finding that life skills training improves the same adds to the existing literature demonstrating the effectiveness of life skills enhancement (Caplan, Weissberg, Grober and Jacoby, 1992; Nancy and John, 1996; Hower, 1996; McAlevey and Ellen 1997; Steven 1979; Thurston, 2002). However, this study goes further in showing the benefits of such training in children who are marginally intelligent. Apart from the quantitative data obtained post-intervention, several children reported that they feel more confident now in terms of their everyday interpersonal interaction, emotional regulation, and decision making. They also reported feeling more empathetic towards and reduced negative interactions with their classmates and

friends. The group further felt the benefits of study skills training and reported that it has instilled confidence and hope in academics.

Many other researchers taking one or more skills as the major focus of intervention carried out most of the studies in the area of life skills enhancement. Several authors, Horne and Matson (1977); Rhodes (1979); Rotherman and Armstrong (1980); Gadzella (1982); Tellado (1984); Annis (1986); Rien and Floor (1986); Zimpfer (1986); Mann, Beswick, Allouache and Ivey (1989); Bruce and Abraham (1991); Reed and Palumbo (1992); Timothy (1992); Corbin, Jones and Schulman (1993); McWilliam and Donald (1993); Polansky, Horan and Trad (1993); Yu Jiangnian and Chen Fan (1993); Cooley (1994); Elias, Tobias and Friedlander (1994), Erwin (1994); Hirasawa and Fujiwara (1995); Trueman and Hartley (1996); Danish (1997); Khemka (2000); Miller (2000); Tim and Karen (2002); Magnani, et al. (2005) have worked on similar studies in improving Life skills and have found significant results. Given the extent of improvement observed in the experimental group, it can be assumed everyday interactions and experiences of the marginal intelligence children does not provide them enough skills to deal day today life and if given appropriate intervention they do benefit. The study highlights the need to identify and target intervention program for the marginally intelligent children in school settings.

Limitations of the study:

The sample size is relatively small and the results need to be replicated on a larger sample size. Only high school (8th, 9th and 10th) grade students were included for the current study. The study did not compare the life skills scores with typically developing children with average intelligence. The study mainly used a self-reported measure to assess life skills, a more objective tool might have added more value to the results. In addition, the study was not blind, as the examiner who did the pre-, post and follow-up assessment herself was the person who did the life skills training, which might have influenced and/or biased the results. An objective rating such as teacher and parent rating would have provided more information especially at the post-intervention assessment period. Forty-five days of follow-up assessment is relatively shorter time for the follow-up assessment. Follow-up assessment after a period of about 6 months to 1 year would have given more information about the maintenance of the gains.

Implications of the study:

The present study provides substantial evidence for proving the efficacy of life skills intervention in enhancing the life skills of marginally intelligent students. Several students who are marginally intelligent are not identified or recognized in schools. They might be underperforming in several areas including academics. If these children were earlier and provided with life skills education they might benefit substantially. The study shows that this can be done in a group setting and at schools and only take few sessions and hence can be implemented across different schools everywhere.

V. CONCLUSION

With the change in lifestyle and cultures, in the modern times there is a recognition of the fact that young people are not

sufficiently equipped with life skills that help them to deal with the increased demands and stresses of everyday life. According to Wodarski and Feit (1997), the problematic behaviors of teenagers and the negative consequences like unwanted pregnancy, substance abuse, violent behavior, depression, and social and psychological consequences of unemployment all emerge due to deficits in life skills. This problem is more compounded in children who have marginal intelligence due to their lack of life skills as well as expectations to perform equal to that of an average intelligence child. In addition, it has been observed that marginally intelligent people are at psychopathological risks, particularly in terms of mood disorders, conduct disorders, and intellectual deterioration (Masi, Marcheschi and Pfanner, 1998). Given this the current study has undertaken to study and impart life skills training to the marginally intelligent children. The results show that teaching life skills to such children can improve their skills required to traverse the day to day life and promote their mental well-being.

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