The Effectiveness of an Integrative Counseling Program for the Development of Positive Social Behavior Skills among a Sample of Female University Students with Special Needs

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Abstract The last few decades have witnessed the development and evaluation of numerous interventions designed to tackle the difficulties experienced by people with special needs. However, they also highlight the fact that most of these interventions are extremely narrowly focused, targeting only a single group, risk factor and/or outcome domain. Research and application of integrative counseling programs have been very limited especially for pupils with special needs. They have not been given the attention they deserve which is why this study has been conducted. The purpose of this study is to prove that people with special needs can develop their social skills with the right integrative therapy and that more studies should follow up. Ten female university students in Saudi Arabia, aged 19-29 were chosen for participation in this study. Verbal consent to participate in its Integrative Counseling Program was obtained from all of them. After completing El-Keshky's Positive Social Behavior Scale Test, they participated in two sessions per week in the counseling program in March and April 2018. After completing the counseling program, the subjects re-took the El-Keshky Positive Social Behavior Scale, and then for a third time two months afterwards. The Wilcoxon Signed-Rank Test was used to analyze the data obtained from this research. The results showed quite a few differences for the group regarding their positive social behavior levels. Results from the follow-up test which was done two months after the Integrative Counseling Program ended indicated a significant improvement in students' positive social behavior which proves that the program was a success and that people with special needs can benefit from integrative counseling therapy in their social life. An Integrative Counseling Program is acceptable and feasible and can be effective in developing positive social behavior for people with special needs and help them socially integrate more into society. Larger scale studies are needed to confirm our findings.

Keywords Integrative counseling, Social behavior, Integrative therapy, Special needs, University students

1. Introduction

According to a new report from the National Organization on Disability [1] the number of children and young people with special needs and/or life-limiting conditions has escalated from 49,300 to 73,000 since 2004 and almost 20% of all Americans suffer from physical, sensory or intellectual disability, which is more than 54 million men, women and children.

For decades, it was thought that the overall rate of people with disabilities in Saudi Arabia was low, but it turned out that a lot of families were not integrating their family members with disabilities into daily life [2]. A survey from 2000 showed that there are almost around 135,000 persons in Saudi Arabia with a disability, 33.7% of which are physically disabled [3].

Almost fifty years ago, the field of special education was nearly unknown to Saudi Arabia. Children and adults with special educational needs were absorbed into society by their relatives and families, leaving them with no formal special education [4].

Until 1960s the Ministry of Education was not able to formally plan for special education services. Even though the number of schools has increased in Saudi Arabian mainstreaming programs to serve different categories of students with special needs, the number of students with special needs outgrew that number [4]. If this meant anything, it proved that the services provided to these children with complex needs and/or life-threatening conditions have not

kept pace [5].

People with special needs who cannot control their behavior need continuous interventions in order to help them to better control their behavior as well as their impulses. Some others with more serious conditions may go beyond interventions and need medication as well so that they can control their aggressiveness or impulsivity or even both [6]. Some of the major successful therapies addressing behavior are: cognitive therapy techniques, behavior modification programs and integrative counseling for monitoring emotions and consequent behavior, charting, reprimands, time out, and clear "if-then" consequences [6].

One should acknowledge that not everyone has equal opportunities to make the choices they would like, due to their cultural or environmental life circumstances which is why helping those people is a must [7].

Pupils with special needs deserve as many breaks as they can get. Feelings of social withdrawal, alienation and plunging self-esteem can all emerge from simply lacking basic social skills [8]. Representing the concepts of good behaviors, common courtesy, and acting as a friend does a lot more for people with special needs than just make them well-rounded. Better yet it gives them the chance to develop a healthy social network, make friends and enjoy a more rewarding life. These are all more than enough reasons to focus more on them in order to help them live a more socially positive life [8].

Even though people with special needs represent a great complexity of people around us, the services provided and the research completed to help improve the quality of their lives have been very limited. The basic philosophy of this counseling program is to help people with special needs to develop healthy coping skills in an empathic and supportive environment so that they can handle life's stresses in more productively [7]. Many individuals with special needs have difficulty in labelling their own feelings accurately. They might also misread or respond inappropriately to the feelings of others.

1.1. Social Behavior Problem in Students with Special Needs

For a long time, it was assumed that people with special needs (SN) will observe and copy their peers [8]. However, new studies and research have proven those assumptions to be wrong. Many people with SN need precise instructions on how to implement social skills, and even feedback on how well they performed them [8]. Social skills programs have failed to include this crucial part. They need to learn how to read and respond to nonverbal communication, which they often overlook because of its ambiguity [8].

People with disabilities are often unaware of their points of strength and weakness [9, 10] as well as their skills in self-determination and advocacy [11, 12, 13].

Eisenberg and Mussen [14] discussed why there have been many reasons for the gap in the research on positive social behavior. First, it was not till recently that society became aware of how important prosocial behavior is, and its inevitable role in enhancing humanity. This sudden growing interest led to new studies that were specially designed to understand the development of prosocial behaviors and the role societal institutions (i.e., families, religious organizations and the education system) play in nurturing these behaviors early in life. The absence of a widely accepted method of assessing prosocial behavior is another reason why insufficient research has been made in this field [14].

Researchers usually develop their own assessment tool which suits their needs, since there is no standard measure of prosocial behavior. There have been two major reasons behind the slow emergence of standardized scales for positive behavior: the growing gap between developmental theories and methods, and the lack of a consensus on what defines positive development [15].

Theories about personality change have always been a huge debating topic amongst mental health practitioners since the time of Freud, and for a very long time each practitioner was devoted unconditionally to a certain theoretical school of his/her preference [16]. Each theory in psychotherapy has its own value, however it might not be as effective when applied specifically to a client, while combining certain elements of various approaches together instead can lead up to a real personality change [17].

1.2. Integrative Counseling Program

An integrative counseling program is the outcome from combining both counseling interventions and concepts from various theoretical psychotherapy approaches [18]. It is not just about combining more than one counseling theory, but consists of an outline for developing an integration of theories that the therapist or researcher might find most useful and appealing for working with clients.

As Rivera and Pellitteri [19] point out, pupils with SN have bigger problems in the social, personal and academic sectors and of course when it comes to choosing a profession as well. That is why their needs should be appropriately considered right from the beginning of their time at school.

Nowadays practitioners no longer search for the best theory, but rather prefer integrating the best ideas from different schools [16]. Integrative counseling aims to promote healing and facilitate wholeness. What really makes integrative counseling/therapy for a range of personalities more effective than other therapies is that it combines various elements and approaches of psychotherapy and applies them to each situation for every single client individually. Each single person should be considered as a whole, and the counseling technique must be personalized to their individual needs and personal circumstances [20].

Psychotherapy is moving toward an integrated approach to therapy, according to the latest research. Integrative therapy has proven to be of a great help in creating a healthy alliance between mind and body through encouraging individuals to start setting goals and practising new behaviors which could

enable them to move beyond their limitations and be more satisfied with their lives [21].

Integrating several techniques and theories into this counseling practice on female university students with SN seemed very logical, and naturally gravitated toward existential, cognitive-behavior, and feminist therapies. Applying such theories and associated methods provided a solid foundation from which the researcher could address a diverse client population with a variety of issues, especially the development of positive social behavior skills among those sampled [22].

Integrative counseling programs allow the psychotherapist to work effectively with clients on all three levels of human experience: feeling, thinking and behaving. One of the major advantages of integrative counseling is how flexible it is and how it focuses on all aspects of the individual. Integrating various approaches of psychotherapy means that it can be personalized to address a variety of needs and concerns [17].

According to Norcross [21], psychotherapy integration is known for its constant desire to search beyond school boundaries. Based on its dissatisfaction with a single-school approach, it looks for new ways of conducting psychotherapy. Of course, the ultimate goal is to enhance the efficiency, efficacy and applicability of psychotherapy (pp. 3–4).

1.3. Significance of the Study

There has always been a great gap between the increasing number of children and adults with SN and the research done to help them cope with their disability or to develop their social behavior, which is the most basic thing society must extend to them for improving the quality of their lives. More research on their behavior and how to get the best out of their personalities and a better education especially tailored for their needs is all it takes [23].

Greater attention has been given to the healthcare services for people with disabilities than education and training, while there has been almost no attention at all given to their employment. In the meantime, close family intermarriages are another major reason for disability, other than socio-environmental factors [24].

The ultimate goal of this counseling practice is to help people with SN develop social behavior skills as well as to help them realize that they are worthy beings by helping them combat faulty thinking and gain healthy coping skills. The goal is also to empower them to make positive choices in their lives by claiming their personal power. This, of course, will benefit themselves and society at-large.

2. Literature Review

Berler, Gross and Drabman [25] conducted a study about a social skills training program using cognitive behavior modification and/or metacognition aimed at improving the target behaviors of eye contact and appropriate verbal responses for their low-peer-accepted students with learning disabilities. Interventions were carried out on three levels: a single-subject, small groups ranging from 2 to 10 subjects per group, and large groups of as many as 35 subjects. The training program seems to have been successful for increasing the targeted behaviors in the controlled settings, but little generalization to natural settings was provided, even though generalization was part of the design of the intervention. Additionally, no increases were found in peer socio-metric measures.

Previous research by Amerikaner and Summerlin [26] indicated more positive self-concepts for participants in social skills groups than for others when supportive social interaction had been applied for a 12-sessions. The study examined the effects of social skills group participation on the behavior and self-perceptions of 46 first and second-grade students learning disabled children.

Blackbourn [27] and Vaughn, Mcintosh and Spencer-Rowe [28] carried out studies using components of cognitive behavior modification or metacognition. The components included coaching, modeling, role play that was structured in certain settings with feedback given, and mnemonic strategies for structuring and practicing specific problem-solving skills or social skills. They both reported positive intervention effects.

Blackbourn [27] selected four elementary resource subjects with learning disability based on their referral for needing skills training for successful peer interaction. The researcher designed a specifically tailored program for each child in order to promote peer acceptance through increasing or decreasing their behaviors. The researcher recorded frequency counts before, during, and after the intervention. Four months later, the follow-up measures indicated successful results. Intervention was conducted for 12 weeks and followed-up after another 9 weeks. Subjects attained the desired behavior throughout each of the trained environments and exhibited generalization of the target behavior in environments other than the training environment. They even showed a high level of proficiency in the skills targeted across observations.

Vaughn, Mcintosh and Spencer-Rowe [28] used a systematic training approach to teach sequential skills in interpersonal problem-solving skills using mnemonic strategy training devices to train 10 students with learning disability (7 male and 3 female) between the third and sixth grades, with low peer acceptance ratings and rejection status, paired with 10 high-status, non-verbal learning disability classmates. The intervention lasted for more than 20 weeks with twice weekly sessions lasting around 30 minutes each. The training was done in groups with each group consisting of two to four students using a contextualist model. Measures were taken pre, post, and at a 6-month follow-up using peer ratings, teacher behavior checklists, self-reports, nominations and subject interviews. The subjects showed a lasting effect and an increase in positive peer nominations and peer nomination classification.

Previous researches proved that social skill development can be enhanced by appropriate interventions and successful interactions with skillful peers. Interventions targeting the enhancement of self-concept and the promotion of impulse control and healthy growth and development are important for students with poor social skills [29].

It became clear that social skills training methods alone were not enough to accomplish major and lasting changes for subjects with Attention Deficit Disorder and conduct problems while treating Conduct Disorders [30, 31]. Some interventions known for being psychological best-practice such as parenting skills training, contingency management, and behavioral self-regulation methods, were used along with other traditional attempts aimed at enhancing social competence [32, 33, 34].

Social learning theory by Bandura [35] discusses how cognitive and behavioral learning can be accomplished through observation, modelling and imitation. The theory suggests that there are four main steps to be followed in order to achieve academic and behavioral learning: attention, retention, reproduction and motivation. It became clear that children with disabilities prefer engaging in social interactions with peers less frequently than typically developing children even within an inclusive classroom [36].

Social Skills Training (SST) has been a great success for people with SN as well as other groups at-risk for social skills deficits [37, 38, 39]. However, some methodological limitations have been found in the existing literature, and they need to be addressed. First of all, what many studies have completely neglected to include, is direct observation of student behavior following SST. What they did instead was rely on behavior rating scales as an outcome measure [37, 40]. Direct observation of student behavior is an important consideration because collecting in-depth data on all subjects can be difficult.

Acceptable maintenance and follow-up data, as well as insufficient direct observation data, are not included in most of the studies testing the effect of different SST interventions [37, 38, 39, 41]. Finally, it has been concluded that the current SST literature lacks sufficient treatment fidelity data [37, 38, 39, 41] which makes it hard to determine whether the intervention is actually the main reason for any of the observed behavioral changes. Therefore, there is a need for further research to be done using direct observation and collecting maintenance and treatment fidelity data to examine the effectiveness of SST in a school setting.

The headline message from this study is that there are rising numbers of disabled children and young people with SN and life-limiting conditions, who need support in all educational, social and health fields throughout their lives – and it is not only them, but their families as well. This study can help other therapists and researchers develop their SST interventions so people with SN can acquire greater social skills, and hence lead the happier and more sociable lives they deserve.

3. Method

3.1. Subjects and Procedures (Sample)

The sample of the study consisted of (10) female university students with SN. The students' ages ranged between 19 and 29 with an average of 24.87 and a standard deviation of 4.12. The participants completed twelve sessions of the Integrative Counseling Program where their social behavior was monitored and tested throughout the sessions and even followed up 2 months after the program ended.

The female university students were introduced to the El Keshky Scale of Positive Social Behavior for a Pre-test assessment in order to evaluate their social behavior and how they reacted to certain factors. Afterwards, they went through the Integrative Counseling Program which comprised various therapy methods specially tailored to people with SN which targeted their social behavior and aimed to improve those skills. By the end of the program, the students re-did the El Keshky Scale of Positive Social Behavior for a Post-test assessment in order to check for improvement.

Finally, two months after the program ended, the subjects re-did the El Keshky Scale of Positive Social Behavior for a Follow-up assessment in order to monitor whether the effect of the counseling program had lasted or not and whether its improvement was constant or not.

3.2. Instruments

The study used two instruments: the Integrative Counseling Program and the El Keshky Scale of Positive Social Behavior for assessment for the pre-, post- and follow-up tests.

3.2.1. Integrative Counseling Program

The Integrative Counseling Program was designed and applied by the main researcher. It consisted of 12 twice-weekly sessions of 50-90 minutes each, so the entire intervention could be administered within two months during March and April 2018, with approximately 6 weeks from the pre- to post-test assessments.

For a program that was specially tailored for students with SN, the most important consideration was to develop plans for training to deal with and increase participant coping skills, and to increase the participant's ability to deal with various socially stressful situations and to increase participant understanding of behavior.

3.2.2. El Keshky's Positive Social Behavior Scale

A Positive Social Behavior Scale was developed by El Keshky (in Press) to assess and evaluate positive social behaviors in female students with SN. The scale of 40 items is divided equally into four subscales covering four intra- and inter-personal aspects of behavior:

(a) Altruism (e.g., acting out of concern for another's well-being)

(b) Sympathy (e.g., feeling of care and concern for someone)

(c) Cooperation (e.g., trying to work with other people and help them to do something)

(d) Forgiveness (e.g., trying to pardon an offender).

3.3. Data Collection and Statistical Analysis

In the present study, data were collected using pre-, post- and follow-up tests using the El Keshky Scale of Positive Social Behavior, which was administered by the author before, immediately after, and 2 months following the Integrated Counseling Program.

Wilcoxon's Signed-Rank Test was used to analyze the data. The tests were used twice: The first time was for comparing the pre- and post-test results, and the second for comparing the post- and two-month follow-up test results. The tests were run on all four main subscales (Altruism, Sympathy, Cooperation and Forgiveness) and the results were significant.

4. Results

The results of this study indicated that students with SN can develop their positive social skills with the right therapy such as the Integrative Counseling Program used in this study. These social skills can be completely altered and developed to ease the lives of SN students and help them have a better social life, better education and better career choices.

Table 1. Descriptive Statistics for Pre-, Post- and Follow-up Tests

Subscale	Pre-test assessment		Post-test assessment		Follow-up assessment	
	Mean	SD	Mean	SD	Mean	SD
Altruism	26.40	8.84	35.40	8.23	35.40	8.18
Sympathy	30.30	4.13	38.70	6.48	37.40	6.34
Cooperation	29.70	6.18	36.90	5.04	32.80	6.64
Forgiveness	29.50	4.92	35.10	4.88	38.00	8.11
Total Degree of Positive Social Behavior	115.90	13.11	146.10	17.13	143.60	15.53

The first tests conducted in this study concerned the descriptive statistics and significant progress or development on all four subscales (Table 1) especially in the sample's forgiveness attitude which escalated from (M = 29.50, SD = 4.92) as shown in the pre-test into (M = 38.00, SD = 8.11) in the follow-up test, which was held eight weeks after the program has ended. These results are consistent with most studies demonstrating the effect of counseling therapy on people with SN [20].

The Wilcoxon Signed-Rank Test indicated that altruism, sympathy, cooperation, forgiveness and total degree of positive social behavior levels were higher after the subjects had followed the Integrative Counseling Program than

before (Table 2). For example, the sympathy post-test score was higher than the pre-test, with 0 tie and 10 positive ranks, with a mean rank of 5.50 and a sum of ranks of 55.00. The test statistics from the Wilcoxon Signed-Rank Test score on altruism had Z = -2.31, based on the negative ranks, with asymptotic significance (2-tailed) of 0.015.

Table 2. The Results of Wilcoxon Signed Rank Test for the Pre- and Post-tests

Subscale		N	Mean Rank	Sum of Ranks	z	p
Altruism	− Ranks	1	2.00	2.00	-2.431	0.015
	+ Ranks	8	5.38	43.00		
	Ties	1				
	Total	10				
Sympathy	− Ranks	0	0.00	0.00	-2.809	0.005
	+ Ranks	10	5.50	55.00		
	Ties	0				
	Total	10				
Cooperation	− Ranks	2	3.75	7.50	-2.040	0.041
	+ Ranks	8	5.94	47.50		
	Ties	0				
	Total	10				
Forgiveness	− Ranks	0	0.00	0.00	-2.666	0.008
	+ Ranks	9	5.00	45.00		
	Ties	1				
	Total	10				
Total Degree of Positive Social Behavior	− Ranks	0	0.00	0.00	-2.807	0.005
	+ Ranks	10	5.50	55.00		
	Ties	0				
	Total	10				

Table 3. The Results of Wilcoxon Signed Rank Test for the Post- and Follow-up Tests

Subscale		N	Mean Rank	Sum of Ranks	z	p
Altruism	− Ranks	5	3.70	18.50	-0.072	0.943
	+ Ranks	3	5.83	17.50		
	Ties	2				
	Total	10				
Sympathy	− Ranks	6	5.17	31.00	-0.358	0.720
	+ Ranks	4	6.00	24.00		
	Ties	0				
	Total	10				
Cooperation	− Ranks	7	5.93	41.50	-1.428	0.153
	+ Ranks	3	4.50	13.50		
	Ties	0				
	Total	10				
Forgiveness	− Ranks	4	4.63	18.50	-0.919	0.358
	+ Ranks	6	6.08	36.50		
	Ties	0				
	Total	10				
Total Degree of Positive Social Behavior	− Ranks	6	5.82	35.00	-0.765	0.444
	+ Ranks	4	5.00	20.00		
	Ties	0				
	Total	10				

Eight weeks later, the El Keshky Scale of Positive Social Behavior was applied for the third time. The subjects were tested for the second time using the same Wilcoxon Signed-Rank Test to see how their positive social behavior had developed over that two-month period (Table 3).

According to this application of the Wilcoxon Test, the test statistics for the follow-up analysis had a Z value of -0.765, and an asymptotic significance, 2-tailed value of almost 0.4, showing a slight decrease in the overall positive social behavior levels two months after the Integrative Counseling Program had ended, which proves the overall success of the program.

5. Discussion

It is a stressful experience for people with SN to understand the basic social behavior skills or explore complex social relationships with their peers and other significant adults. These relationships are more like models for social skills development [42]. However, counseling can be useful in addressing their lack of prosocial behavior such as communicating appropriately with peers or simply interacting in the classroom [43].

Integrative counseling can promote and enhance interpersonal understanding of the student behaviors which leads to social skills deficits in the first place. According to Karcher and Lewis [44], interpersonal understanding, which includes social reasoning, self-understanding, behavior regulation and social problem solving, is an important social dimension of cognitive development [45, 46].

This study proved that integrative counseling has a significant impact on the positive social behavior of people with SN both in the immediate and longer term, and continued even after the program ended. Additionally, at the end of the program, the girls in the program reported high scores on positive social behavior skills and a low degree of negative ones. Furthermore, assessment by pre-, post- and fellow-up tests supported these results.

Can integrative counseling develop positive social behavior skills for people with SN? The results of this study have several implications for others who wish to explore the use of integrative counseling intervention in working with people with SN. The results from the self-reported measures of the participants were positive. There was a significant increase in the pre- and post-group measures of senses of altruism, sympathy, cooperation and forgiveness, as shown in the mean subscale score from the NPar tests (Table 1) as well as Wilcoxon Signed Rank Test (Tables 2 and 3). The results provide strong evidence to support the argument that integrative counseling therapy is effective in enhancing the senses of altruism, sympathy, cooperation and forgiveness felt by adults with SN.

The present study supports the previous findings of similar literature, as a trend of improvement in the emotional and behavioral outcomes of the participants was found. By the end of the program and 8 weeks after it, the tests proved that the participants improved at expressing themselves and understanding the perspectives of others. The recorded observations during the sessions were consistent with previous findings [17], which showed that integrative counseling therapy helps adults with SN to be more aware of their own feelings and better at expressing themselves and seeing the perspectives of others.

6. Conclusions

After analyzing the effect of integrated social behavioral counseling program on students with SN, and comparing the results of the tests applied before and after the therapy and also with a follow-up test held two months later, this study has proven that its subjects showed high levels of positive social behavior skills after the program. Some of these levels decreased a little in some subjects, remained the same with some and successfully increased in others after two months. These changes are significant, as they show that people with SN don't only require a single counseling program that might last for few months, but rather a regular ongoing one, in order to ensure that positive social behaviors become very well integrated within them and remain at a decent level, so they can become more successful socially and remain so for their entire lives.

In summary, the present research provides initial evidence that students with SN can benefit from integrative counseling therapy. It is their full right to be helped so they can better integrate into society at large. This can be achieved by us supporting them in every way we can, even with continuous counseling therapies, so they gain more confidence, and thus become more productive and independent.

Limitations

There are some limitations in this study as it was restricted to only a small sample group of 10 female students with SN aged 19-29. Further research should include male subjects, as well as other age groups and subjects with SN of different social and educational status and other demographic characteristics.

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