



The Effect of a Training Program Based on Playing on Alleviating the Behavioral Disorders among the Educable Intellectually Disabled Students in the Kingdom of Saudi Arabia

Essam Abdou Ahmed Saleh¹



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ABSTRACT: This study aims at investigating the effect of a training program based on playing on alleviating some behavioral disorders among the educable intellectually disabled students in Rafha Province in the Kingdom of Saudi Arabia. The importance of this study lies in presenting a training program based on playing to reduce social withdrawal. According to the scientific research, social withdrawal can be treated using the behavior modification methods regardless of the reasons that cause this disorder. Social withdrawal is a common behavioral pattern among the majority or almost all the intellectually disabled people. This social withdrawal behavior is caused by different factors. If the child suffers from a damaged central nervous system, he will not be able to perform the activities needed for treatment. The scientific research state that social withdrawal can be reduced using the behavior modification methods. The current study aims at investigating the effect of a training program based on playing on reducing the social withdrawal among the intellectually disabled children. To achieve this goal a training program based on playing has been designed and applied to an experimental group made of (4) students for six weeks, a daily session for six days every week.

Keywords: A Training Program Based on Playing, Behavioral Disorders, Intellectually Disabled, Social Withdrawal, Saudi Arabia.

1. Introduction

The intellectual disability problem is one of the oldest problems considered by psychiatrists, educationists, social workers, and mental health specialists. The intellectual disability is a complicated phenomenon that needs a huge effort to be dealt with by those who are raising and rehabilitating the intellectually disabled person. Taking care of people with intellectual disability is a very important issue due to many reasons; first, there is an ethical and religious motif to take care of disabled people especially those with intellectual disability, the second reason is giving those people a chance to learn like the normal ones, the third reason is to keep up with the world's interest in the disabled cases and the fourth reason is the economic one since teaching and rehabilitating the disabled person has a productivity outcome so that this person is not a burden on society.

¹ Department of Education, Faculty of Science and Arts, Northern Border University, Rafha, KSA.

There is an increasing interest nowadays in educating, teaching and rehabilitating disabled people in general and particularly people with intellectual disability, there is a global trend to take care of those people in terms of education, teaching, and rehabilitation.

Intellectually disabled people suffer from emotional and behavioral disorders, such as; aggressive behavior, withdrawal behavior, and hyperactivity which affect their natural harmony and hinder their social adaptation, one way or another. Such various problems get in the way of obtaining the full benefit of the educational, rehabilitation and treatment programs offered to those people.

Children, whether normal or with a disability, may suffer from different kinds of social communication disabilities. The previous studies show that the intellectually disabled children need organized training programs to improve and develop their social skills since they do not interact appropriately with their normal peers. This is due to the lack of acceptance from their surrounding which results in social problems among those children. Social withdrawal is one of these problems which is a common behavioral pattern among those children. Some studies, such as Jamal Al Khatieb (1990) shows that social withdrawal, which some of the intellectually disabled children are suffering from, is an intense emotional reaction to the painful experience those children went through. Parents are usually less acceptable to the intellectually disabled child. An intellectually disabled child faces parental rejection or non-understanding of his needs and therefore treating him in inadequate ways that do not suit his growth and abilities nor his psychiatric needs. This causes an emotional pain and creates poor communication which results in the child's withdrawal into his interior world and moving far away from taking part in the normal activities he can perform. Thus; the social withdrawal problem develops and may reach the level of social isolation. Some researchers believe that the gravity of this problem increases according to the level of intellectual disability and the gender of the child since the children with more severe disability are more likely to be subject to rejection and that the females are withdrawing more than males (Nasrah, 1992).

Lmish (1994) asserts that the most prominent emotional and behavioral disorders among the intellectually disabled children according to parents are; social withdrawal and self-harm. Because these disorders are among the most important reasons for the intellectually disabled child's failure in personal and social adaptation, these disorders must be treated using effective scientific and educational methods.

Dobies (1998) highlights the various and multiple methods to be used to alleviate the

emotional and behavioral disorders such as the social withdrawal among children with intellectual disability. Playing is one of the most important strategies used to modify the emotional and behavioral disorders among the intellectually disabled children in general and especially those who suffer from social withdrawal. According to (Sulaiman, 1997), a child with an intellectual disability expresses his problems, conflicts, and frustration through playing, therefore; playing is one of the most successful treatment methods especially that children outlet their energy while playing and learn important rules that reduce these disorders through a lovely and preferable method in comparison with other methods. Any of the different types of playing helps in alleviating the social withdrawal. (Abdulbaqi, 2001) states that playing helps the child to express his motifs in an accepted and socially desired way in addition to enhancing the child's self-confidence.

The play therapy or play treatment is an effective psychotherapy to treat some children who suffer from some kinds of stress or anxiety due to being mistreated. The play is very important in the psychological health and psychotherapy because it is a way to understand the child and study his behavior, problems, and problem solutions which helps in improving the child's social growth and fulfill his psychological needs (Zahran, 2001). Scholars conclude that playing accomplishes many purposes. Most notably the therapy function which means using playing as an activity in a planned way to achieve behavioral changes and develop the child's personality, to make his life happier and more productive (Annunziata, 2003).

1.1. Problem Statement

The problem of the current study is to determine the effect of a training program based on play in reducing some of the emotional and behavioral disorders. children with intellectual disability show different types of these undesired behaviors, such as social withdrawal which is considered as one of the most prominent reasons behind the failure of the intellectually disabled children in social and psychological adaptation. Social withdrawal precludes the children's interaction with their family, school, and neighbors in addition to depriving them of the knowledge they need in their life. Some studies show that the intellectually disabled child needs to feel the security and the membership of a group especially the family. This feeling depends on the parents care of the child and the level of accepting him and fulfilling his needs and therefore depends on their way of treating him (Alraihany, 1981). The researcher suggests that if an integrated training program based on playing as a therapy to reduce the emotional and behavioral disorders is used, it will be more probable to alleviate this disorder and take advantage of the abilities of those

children, rehabilitate them and modify their behavior to accept themselves and appropriately fit into their environment.

In the light of the above mentioned, the current study is going to answer one major question, which is; "What is the effect of a training program based on playing on reducing some behavioral disorders (social withdrawal) among the educable intellectually disabled children in Rafha Province in the Kingdom of Saudi Arabia?"

1.2. The Purpose of the Study

This study aims at achieving the following goals:

- 1- Designing a training program based on play to reduce some emotional and behavioral disorders (social withdrawal) among children with intellectual disability.
- 2- Investigating the effect of a training program based on playing in reducing some emotional and behavioral disorders (social withdrawal) among children with intellectual disability.
- 3- Investigate the durability of the program's effect after its end (during the follow-up period).

1.3. Problem Statement

The importance of this study for the children with intellectual disability is that withdrawal is a problem that affects how the child gets along with other people and how he acquires the necessary knowledge and skills, therefore; the study will focus on designing a training program based on playing to reduce the severity of the emotional and intellectual disorders (social withdrawal) among the intellectually disabled children. It also aims at investigating the effect of this training program, which is based on playing, in reducing some of the emotional and behavioral disorders (social withdrawal) among the educable intellectually disabled children in Rafha Province in the Kingdom of Saudi Arabia.

1.4. The Study Terminology

Intellectual Disability:

The definition of the American Association on Intellectual and Developmental Disabilities (AAIDD): it is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. (Legislative Goals, 2008).

The Training Program Based on Playing:

A comprehensive program built out of well-planned and organized experiences that include a series of scheduled activities and procedures applied upon the children in the experimental group

to help them to be able to adapt (Shen & Christophe, 2002).

The researcher provides the following operational definition; a training program is a group of activities and games practiced by the child under the supervision of the researcher and alleviates the emotional and behavioral disorders among the intellectually disabled children.

Emotional and Behavioral Disorders:

Woody (1969) defines the emotional and behavioral disorders as "the inability to adapt with the accepted social behavior standards which are reflected negatively on the individual's ability to build and maintain social relationships and failure in terms of the academic skills", Hoit defines the emotionally disturbed child as an asocial child whose behavior does not comply with the common behavior in his society. The behavior of this child deviates from what is expected according to his chronological age, gender, and social status, therefore, this behavior is considered as an unacceptable behavior that may cause problems to this child (Raed Khaliel Alabady, 2006)

Social Withdrawal:

The tendency to avoid the social interaction, the failure in participating appropriately in the social situations and the lack of the social interaction methods (Rawhi ABdan, 2014).

1.5. The Study Limitations

This study is limited to the following:

The Study Subject:

The subject of the current study is to investigate the effect of this training program based on playing in reducing some of the emotional and behavioral disorders (social withdrawal) among the educable intellectually disabled children in Rafha Province in the Kingdom of Saudi Arabia.

1.6. The Study Limitations

The researcher used the experimental method because this study aims at investigating the effect of a training program based on play to alleviate social withdrawal among a sample of educable intellectually disabled children. The researcher depends on the two-groups experimental generalization (experimental group and control group). The study includes dependent variable; the training program, and independent variable; the social withdrawal, the study used pre- and post-test for both groups and the follow-up test for the experimental group.

1.7. The Study Sample

The sample of the current study is composed of 8 children divided into two groups: Experimental (4 children) and control (4 children) from intellectual schools in Rafha province. The children's IQ ranges from (52- 68) on Stanford-Binet Intelligence Scales, and their chronological age is between (7- 12) years. The two groups are homogeneous in terms of gender, age and intelligence.

1.8. The Study Tools

The researcher used the following tools:

- 1- Child's primary data collecting form (Designed by the researcher).
- 2- Observation form of the behavioral disorders (social withdrawal) among children with intellectual disability. (Designed by the researcher).
- 3- Social withdrawal scale. (Designed by the researcher).
- 4- A training program based on playing to alleviate some emotional and behavioral disorders (social withdrawal) among educable children with intellectual disability. (Designed by the researcher).

1.9. Theoretical Framework

Intellectual Disability:

The intellectual disability problem is a problem of a special nature. It is a multi-facet problem with many overlapping dimensions. It is a medical problem that needs medical treatment, an educational problem that necessitates educational interference to identify the appropriate special teaching methods and it is a psychological behavioral problem that requires behavioral therapy to enable the child of adapting with his society.

Intellectual disability is operationally defined as the mild intellectual disability category of people whose IQ ranged between (50- 70). This category of people is educationally defined as the educable intellectual disabled people. This kind of disability is featured by the inability to respond to the demands of the daily social life.

Play:

Playing is a group of the activities that meant to entertain and cheer up individuals and groups. The motive behind playing is an instinctive one just like eating and sleeping. It is a brilliant

and important way of growth which clearly contributes to every social, mental and physical growth stage. It is also a primary tool to discover the self and the world and a method of maintaining the psychological health (Jaber Abdulhamied, Alaa Aldein Kafafi 1993).

Playing helps the child to perceive his world. While playing, a little child recognizes the shapes and sizes of items and finds out what differentiates between things and what is common between them, in this way the child develops the testing tools to distinguish between the different subjects in his world (Fizla Albablawi, 1984).

Tizbar and Jennis state that playing affects the child's cognitive ability. It activates the child's different cognitive skills, such as; attention, perception, imagination, memorizing, thinking, distinguishing, classification, composition, evaluating and creating. (Ahmed Balqies and Tawfiq Mary, 1982)

It is clear from the above that playing has an impact on the different aspects of the child's growth process and affects his socialization. The child learns while playing and affects others to learn from him.

Piagieh defines it as an assimilation process that transforms the received information to suit the individual's needs. Playing, imitation and assimilation are integrated parts of the mental construction process and intelligence. (Ahmed Balqies and Tawfiq Mary, 1982). Through playing the child educates himself when there is nobody to teach him. He can do this through his own experience using the playing tools and by watching other children while using these tools. Through playing the children also learn about the nature of the objects in their environment in terms of weight, shape, dimensions, and construction in addition to learning how to describe these objects (Mack, 1975).

Playing is any activity performed by the child to satisfy his psychological needs and to release his energy. In playing, the child is motivated by different motifs such as; curiosity, discovery, and processing. (Farouq Othman, 1995).

Makarenko points out the social importance of playing by stating that the playing group is the first group that creates social relationships between the child and others. In such group, the child is governed by the rules and regulations of the group (Saad Jalal, Mohammed Allawi, 1982). The foregoing illustrates the vital importance and diverse objectives of playing since it has a physical, social and mental importance that can largely contribute to the shaping of the child's character. In addition to that, playing is a good connection method used by the child to discover and communicate with his world.

Types of Playing

There are many types of playing, some classify playing according to the developmental stage, the type of activities and the number of participants.

a. The Developmental Stage

1- Sensorimotor Play:

It is the type of playing that allows the big and small muscles to move freely, it also enhances discovering through senses, therefore, enabling the body to practice his sensory and motor functions. This type includes various activities from clay modeling to cycling (Salwa Abdulbaqi 1992).

2- Pretend Play:

It is the imaginative play in which children express themselves by using signs while moving the tools and objects they play with. In certain cases, the pretend play becomes a kind of social drama wherein the child expresses his opinions by pretending and imagining while playing with tools and objects (Salwa Abdulbaqi, 1992).

3-Substitute Pretend Play:

In this kind of playing the child does not consider the symbolic item as a mere assimilation of the original but looks at it as if it is the thing itself. The child may imagine that he is somebody else (a mother, a father, a teacher or an animal). He interacts with a stick like a horse and talks with an inanimate object as if it is alive. This way, the child discovers his environment and trains himself on dealing with it (Huda Alnashif, 1992). This kind of playing is more common between the age of two and four and in this type of playing, the child is more into the vivid imagination kind of playing, for example, he deals with the bricks he is playing with as people. (Mohammed Ibrahiem, Abdulmutalib Alqrity, 1995)

4- Socio-dramatic Play:

It is similar to the assimilation playing wherein the child starts the role-playing as a father, a mother, a doctor or a patient and acts in these stories in a simple cheerful way. (Haniah Aljamal, 1999). This pattern of playing appears after the age of six and takes the form of team games in which the child participates with others in sports, acting, and hobbies. This kind of playing lasts until the end of childhood and just before being an adult. (Mohammed Ibrahiem and Abdulmutalib Alqrbuti, 1995).

5- Games with Rules:

The games that require commonly accepted rules of playing that maintain the players' cooperation while playing. Since most of the children before entering school, do not have the ability to understand others points of view. They are usually unable to positively participate in the games with rules that involve others. (Salwa Abdulbaqi, 1992).

This kind of playing is more common at the beginning of the elementary stage at the school where children are replacing the Pretend Play with the more complicated games that have governing rules.

Emotional and Behavioral Disorders

Definition of Emotional and Behavioral Disorders

Hoit defines the emotionally disturbed child as an asocial child whose behavior does not comply with the common behavior in his society. The behavior of this child deviates from what is expected according to his chronological age, gender, and social status, therefore, this behavior is considered as an unacceptable behavior that may cause problems to this child (Raed Khaliel Alabady, 2006)

Kofman defines the emotionally disturbed children as those who show chronically unexpected emotional responses and need to be taught the appropriate social behavior patterns. (Tilhan and Kofman) also define this extreme chronical emotional behavior that departs from the society's expectations, culture, and standards. (Farooq Alrosan, 2001)

The Social Characteristics of the Individuals' with behavior Disorder

Aggressive Behavior

It is considered the most distinguished social attribute that characterized people with a behavior disorder. It takes the forms of verbal aggression, physical aggression, yelling at others, pulling others hair, quarreling with others, stubbornness, hyperactivity, and self-harm.

Withdrawal Behavior

Withdrawal behavior reflects the failure of people with the emotional disorder to adapt to social demands. Some of its symptoms are; introversion, daydreaming, over anxiety and pretending to be sick. Another good example of withdrawal behavior is Infantile Schizophrenia.

Vulgar Behavior

It is the emotionally and socially immature behavior such as; exaggerated laughter, apathy, and regression, which is considered a good example of immature behaviors. We are going to tackle social withdrawal as one of these behavioral disorders which are considered as an important factor

behind the failure of the intellectually disabled children in terms of social and psychological adaptation.

Social Withdrawal

Kale provides the following operational definition of social withdrawal: "The children with social withdrawal are those who show low levels of social and behavioral interaction with others" (Alsabah, 1993). The learning theory defines social withdrawal as the individual's suffering of a deficiency in the social correspondences, a lack in stimuli control and a continuing need for reinforcement to enhance his interaction with others (Strain, 1997).

Millman and Schiffer define the social withdrawal as the tendency to avoid social interaction, the failure to appropriately participate in social situations and the lack of social communication methods (Millman et al 1981).

Mewhirter also defines social withdrawal as a state of emotional pressure that creates in the individual a state of alienation, incomprehension, a sense of rejection by others and lack of participation in the appropriate and desired social activities especially the activities that present chances of social familiarity (Mewhirter, 1990)

Social withdrawal includes three dimensions

- a. Avoiding social relationships
- b. Having internal feelings that could be represented by psychiatric Loneliness.
- c. This psychiatric Loneliness consists of unhappy feelings wherein the social withdrawal behavior varies from not having social connections with peers and the hatred of communicating with others. It is also represented by isolation from other people and the surrounding environment in addition to being indifference towards what is happening. Social withdrawal may start at the pre-school years and continue for a long time (Strain P, Scooke , 1976).

The Symptoms of Social Withdrawal

The social withdrawal symptoms a child may suffer could be summarized as the following;

- 1- Not participating in activities with other children.
- 2- Avoiding and not being involved in the associative play.
- 3- Treating others in an unfriendly way.
- 4- Not initiating interaction with others.
- 5- Being alone all the time (Herbert 1980).
- 6- Avoiding any conversation with others and being extremely shy when talking to them.

1.10. Previous literature

The researcher examined a group of studies that tackle the playing based programs and how to implement these programs to alleviate some emotional behavioral disorders whether among normal or disabled children.

Khatab (2014) aims at preparing a therapeutic program based on playing that includes some games and activities to alleviate some behavioral disorders among disabled children. The study's sample consists of 20 children, 10 as an experimental group and 10 as a control group. The sample is picked out of the children who frequently visit the medical center in the Faculty of Graduate Studies for Children in Ain Shams University. The study concludes that the treatment program based on playing is effective in alleviating the behavioral disorders that involve the following four dimensions: self-harm and tantrums, hyperactivity and attention deficit, lack of communication and aggressive behavior.

Sadiq and Alkhamisi (2012) conducted a study that aims at recognizing the effect of associative play program's activities on developing the social communicative skills among disabled children. The study sample consists of three children with mild intellectual disability according to the diagnosis of the specialized authorities. The children aged between 9 and 11 years. The researchers used verbal and non-verbal communication scales for disabled children. The researchers also used methods that depend on encouraging, reinforcement, modeling and role-playing. They applied the Wilcoxon Test for small samples which is a nonparametric statistical test used to find out the significance of the medium-variant correlation. The study concluded that there are statistically significant differences between the pre- and post-applications of the associative play programs' activities regarding the verbal and non-verbal communication scales for children with intellectual disabilities, which indicates that these activities create a kind of social interaction, visual connection, associative play and emotional play between the intellectually disabled children and their normal peers.

Gill (2005) investigates the effect of a program designed to enhance self-esteem and getting along skills through playing on alleviating anger and aggression, enhancing the satisfaction and reducing the post-traumatic stress symptoms among a nine years old sexually abused sample. The members of the sample were trained on emotional ventilation playing and symbolic role-playing to get rid of anxiety and overcome the crisis of the past. The study finds out that there is an improvement in the children's self-esteem and their getting along skills with others in addition to an improvement in achieving the previously mentioned goals.

Miqdady (2003) conducted a study entitled "The Effectiveness of a Play- Based Program and Assertiveness Training in Alleviating Anxiety and Enhancing Self-competence among the Abused Children", this study aimed at investigating the effectiveness of a play- based program and assertiveness training in alleviating anxiety and enhancing self-competence among the abused

children. The sample consists of 45 children divided into three groups; one control group and two experimental groups, one applies the play-based program and the other applies the assertiveness training. The researcher designed the play-based program and the assertiveness training. After implementing the guiding program and the assertive training on the members of the two experimental groups and implementing the self-efficiency scale and the anxiety scale which were designed by the researcher, the results show the existence of statistically significant differences between the experimental groups and the control group in terms of alleviating anxiety, reducing abuse and improving the perceived self-efficiency in favor of the experimental group. Meanwhile, no differences were found between the two experimental groups.

Comments on Previous Literature

Through surveying the previous literature, the researcher would like to indicate the advantages of studies as follows; determining the purpose of the study, choosing the study tools, designing the scale, picking the study sample and formulating the hypotheses. Some of the previous studies stressed the effectiveness of the training programs which are based on play for the intellectually disabled and how effective these programs are in enhancing the children's social interaction and alleviating some of the behavioral disorders among children with a mild intellectual disability using the playing method.

Most of the previous studies agree on the efficacy of play therapy in alleviating some behavioral disorders (social withdrawal) among educable children with intellectual disability. Some studies found that using play therapy has an effect in alleviating social withdrawal and enhancing the social skills among intellectually disabled children.

The current study agrees with the previous studies on the necessity of introducing different methods and programs to alleviate social withdrawal among the intellectually disabled, so they can communicate and socially interact with others in an appropriate way. One of these important programs is play therapy which uses associative play activities such as; arts, music and physical education. The current study also agrees with these studies on the significance of such programs in general and the associative play activities in specific, in addition to its ability to develop the social skills among the intellectually disabled children.

The researcher has benefited from the previous studies in designing the study tools (the training program, the behavioral disorder's observation form of the intellectually disabled children and the social withdrawal scale).

1.11. The Study's Hypotheses

In the lights of the theoretical framework, the previous literature and the results of the previous studies, the study's hypotheses can be formulated through testing the following null hypotheses;

- 1- There is no statistically significant difference between the results of the experimental group before and after implementing the training program in terms of social withdrawal.
- 2- There is no statistically significant difference between the results of the control group before and after implementing the training program in terms of social withdrawal.
- 3- There is no statistically significant difference between the results of the experimental group and the control group in terms of the social withdrawal after implementing the training program.

2 The Study Procedures

2.1. The study's Procedural Steps

To conduct the practical part of the current study, the researcher is going to follow the following steps:

- 1- Having access to the files of all the children registered in Rafha's intellectual schools who aged between (7-12) years and have an IQ between (52- 68) points.
- 2- Identifying and homogenizing the study's sample.
- 3- Designing a training program based on playing to alleviate some behavioral disorders (social withdrawal) among educable children with intellectual disability.
- 4- Implementing the social withdrawal's scale on the intellectually disabled students in both groups (the experimental and the control).
- 5- Exposing the students in the experimental group to the independent variable (the program) and leaving the students in the control group without being exposed to this program.
- 6- Conducting a post-test on the students of the experimental and control groups at the end of the program. Accordingly; the experimental design of the current study could be represented as the following:
The experimental group: pre-test- implementing the program- post-test.
The control group: pre-test - post-test.
- 8- Implementing the follow-up test one month after implementing the program.

9- Using the appropriate statistical methods and concluding the study's results.

10- Interpreting the study's results considering the theoretical framework and the previous studies.

11- Drawing the educational recommendations related to the study's topic.

2.2. The Study Tools

The researcher is going to use the following tools in the current study:

1- Child's primary data collecting form (designed by the researcher).

2- Observation form of behavioral disorders (social withdrawal) among children with intellectual disability. (designed by the researcher).

3- Social withdrawal scale. (designed by the researcher).

4- A training program based on playing to alleviate some emotional and behavioral disorders (social withdrawal) among educable children with intellectual disability. (designed by the researcher).

2.3. Statistical Methods

The researcher depends on some statistical methods that suit the research. The following are these methods:

1- Two independent sample t-test: To test the significance of the differences between the two groups to determine the distinctive power of the articles using the two extreme groups approach.

2- Pearson correlation coefficient: To check the articles' validity and to evaluate their reliability.

3- Wilcoxon test for paired samples: To find out the differences between the results of the experimental group in the pre- and post-tests on the social withdrawal scale. It is also used to find the differences between the results of the control group in the pre- and post-tests on the social withdrawal scale.

4- Mann-Whitney test: To check the equality of the experimental and control groups in the pre-test. The small samples are also used to find out the differences between the experimental and the control groups in terms of the social withdrawal after implementing the training program.

2.4. The study tool (the social withdrawal scale and how it was designed)

2.4.1 The scale's sample:

The tool's designing sample consists of (30) intellectually disabled students in the special education schools in Rafha as a pilot study's sample, tool constructing, articles analyzing and testing the reliability for the following reasons:

a- Collecting data about the intellectually disabled child through the school in an easy and short way.

b- The importance of the information obtained from (the special education teacher) and related to the process of understanding the behavior of the intellectually disabled student. The researcher makes sure that the study includes the intellectually disabled students who suffer from social withdrawal.

2.4.2 Formulating the Items:

To formulate the items, the researcher presented an open questionnaire to the male and female special education teachers and reviewed the previous literature that includes the previous studies and the scales used to diagnose social withdrawal and thus the social withdrawal articles were determined in a way that suits the study sample. In addition to that, all the items were negative by nature since they diagnose a behavior that includes many behavioral disorders that intellectually disabled students usually suffer.

2.4.3 Face Validity:

To find out the items' validity, the items in their preliminary form, which includes (36) articles, were submitted to a group of experts specialized in psychology and special education to determine the items' validity in measuring the social withdrawal according to the experts' response. The researcher kept the items that gained an agreement percentage of 83.2% or more, modifying whatever needed to be modified and omitting the items with agreement percentage less than 83.2. Accordingly, three items were omitted, and the total number of the remaining articles is 33.

2.4.4 The Statistical Analysis:

The statistical analysis of the scale's items is one of the important steps to build the scale, and even though the analysis reduces the number of these items, it makes the scale more valid and reliable. In addition to that, keeping items with good psychometric features and excluding the inappropriate items is done through analysis.

The Researcher depends on the contrasted group method that uses two samples to find out the distinctive power of the scale's items. The researcher arranged the answer sheets in descending order according to their total mark, then he selected the higher 27% as the highest group and the lower 27% as the lowest group. The total number of answer sheets for each group was 27. The researcher used the two independent samples (T-test) to find out the significance of the differences between the results of the two groups in every item in this scale after finding out the mean and the variation of the upper and lower groups because the calculated t- value represents

the distinctive power between the two groups. It was shown that all the scale's items are distinguished at the (0.05) significance level.

2.4.5 Reliability

Reliability means the level of the scale's stability if it is applied more than once in an appropriate time interval. The reliable scale has the same results if it is applied to the same sample under the same circumstances. The researcher used Cronbach's alpha method to check the reliability of the social withdrawal scale. The reliability factor when using this method and after implementing Cronbach's alpha method in the current scale for a sample consists of 30 persons is (0.85).

2.5. Experimental design

This design is composed of two groups. The members of these groups are distributed following the pairing or homogeneity in terms of the feature or quality that could affect the dependent variable.

Since the number of the sample's member is few, the researcher uses a pairing method in designing the two groups (experimental and control). The sample was homogenized in terms of gender, chronological age, IQ and economic level which necessitates conducting the following these steps;

2.5.1 The sample's gender equity:

The sample was distributed equally in terms of gender into two groups with the same number of males and females, as illustrated in the following table that shows the sample distribution according to gender variable.

Table (1)

The control and experimental sample's gender equity

Sample's type	Males	Females	Sum
The experimental group	2	2	4
The control group	2	2	4
Sum	4	4	8

2.5.2 Age:

The sample was divided according to age into two groups (from 8 to 10 years) and (from 11 to 13 years). The frequency of the first group was (5), while the frequency of the second group was (3) and after implementing chi-squared test the calculated value was (0.05) which is less than the tabulated value (3.84) at the significance level of (0.05) and a freedom degrees of (1) which means that there is a state of equity between the two groups. The following table illustrates this.

Table (2)

Category	Frequency	Calculated chi-squared value was (0.05)
8 - 10	5	Tabulated chi-squared value 3.84
11 - 13	3	

2.5.3 Economic level:

The sample was divided according to the economic level into two groups (high) and (low). Chi-squared test was used. The calculated value was (0.05) which is less than the tabulated value (3.84-) at the significance level of (0.05) and freedom degrees of (1) which means that there is a state of equity between the two groups. The following table illustrates this.

Table (3)

Economic level	Calculated chi-squared value was (0.05)	Tabulated chi-squared value 3.84
High	1.1	3.84
Low		

2.6. The implemented training program: (designed by the researcher)

The current training program aims at training the educable intellectually disabled students on some necessary games needed to trigger the social interaction between them and their peers, which could alleviate the social withdrawal. The program consists of thirty-six (36) sessions distributed on six weeks allocating one session each day for six consecutive days. The researcher would like to state that he used the social learning theory (Bandura) in constructing this training program. The researcher devotes the first six sessions for introduction and to promote familiarity between the researchers and the children. These sessions were also devoted to preparing the program and the pre-application of the social withdrawal scale by the special education teacher in cooperation with the researcher and within the frame of the study.

- 1- Location: Haroon Alrashied elementary school.
- 2- Time: The program lasts for six weeks starting on 13/2/2017 with the average of six sessions every week.
- 3- Human: The experimental study includes a sample of eight male and female educable intellectual disability students: 4 males and 4 females.

2.6.1 Methods of implementing the training sessions:

The researcher applied the social interaction theory to implement the training program based on playing, depending on the behavior modification methods that suit the intellectually disabled children. The researcher depends also on the most important principles in teaching and training children with intellectual disability.

2.6.2 The implementation of the program

The program consists of thirty-six (36) sessions distributed on six weeks allocating one session each day for six consecutive days. The students were trained on enhancing the social interaction by playing in sessions that last for (40) minutes. The implementation of the program was done following certain steps to achieve the goal of alleviating social withdrawal. After selecting the sample, determining the experimental design and preparing its tools, the researcher arranged a special room to conduct the training program wherein he arranged the seats in a circle. This was in the first week of the third month of the special education teacher's training on implementing the program and students' orientation. The actual implementation of the program started on (20/2/2017) and finished on (27/3/2017).

3. Results and Discussion

The current study aims at investigating the effect of a training program based on playing on alleviating the behavioral disorders among the educable intellectually disabled students in the Kingdom of Saudi Arabia by testing the following null hypotheses:

3.1. First hypothesis

There is no statistically significant difference between the results of the experimental group before and after implementing the training program in terms of the social withdrawal scale.

The results show that the mean of the experimental group's results in the pre-test is (88) and in the post-test (85.1) in alleviating social withdrawal and by using Wilcoxon paired samples test, it is found that there is a statistically significant difference at the level of (0.05) since the calculated

value is zero which is less than the tabulated value (0.0331) in the two-tailed test, therefore; the null hypothesis is rejected as illustrated in table (6).

Table (4)

Illustrates compares between the results of the experimental group in the pre- and post-tests on the social withdrawal scale.

Number	The pre-test mark	The post-test mark	Differences	The absolute differences	The rank of the differences	Signed differences	The calculated W value	The tabulated W value	significance level 0.05
1	89	56	33+	33	2	2 +	zero		
2	94	51	43 +	43	3.5	3.5 +			
3	87	55	32+	32	1	+1			
4	82	39	43+	43	3.5	3.5+			
Sum	352	201							
Mean	88	5.1					W+=10 W- =0	0.033 1	

3.2. Second hypothesis

There is no statistically significant difference between the results of the control group before and after implementing the training program in terms of social withdrawal. The results show that the mean of the experimental group's results in the pre-test is (87.2) and in the post-test (85.1) regarding modifying the social withdrawal behavior and by using Wilcoxon paired samples test, it is shown that there is no statistically significant difference at the level of (0.05) since the calculated W value is (4) which is larger than the tabulated value (0.0331) in the two-tailed test, therefore; the null hypothesis is accepted as shown in table (7).

Table (5)

illustrates a comparison between the results of the pre- and post-tests on the social withdrawal scale.

Number	The pre-test mark	The post-test mark	Differences	The absolute differences	The rank of the differences	Signed differences	The calculated W value	The tabulated W value	significance level 0.05
1	86	83	+3	3	+1	1			
2	92	82	+10	10	+3	3			
3	82	94	12	12	4	4			
4	90	82	+8	8	2+	2			
Sum	350	341							
Mean	87.2	85.1							

3.3. Third hypothesis

There is no statistically significant difference between the results of the experimental group and the control group in terms of the social withdrawal after implementing the training program. The results revealed the existence of differences between the average marks of the control group, which is (85.1), and the means of the control group, which is (85.1). Implementing the Mann-Whitney Test for small samples, it was shown that there are significantly difference in favor of the experimental group since the lowest calculated (U) value is (zero) and the tabulated value is (0.014) at the (0.05) significant level.

Thus, since the calculated value is less than the tabulated value, the null hypothesis is rejected. These results revealed a development in the level of the social interaction among the members of the experimental group, that was involved in the training program, in comparison with the members of the control group.

4. Results explanation

The results of the current study illustrate the efficiency of the implemented program in alleviating social withdrawal among the educable children with intellectual disability in favor of the experimental group. The program also significantly contributes to enhancing the social interaction, meanwhile, no statistically significant change occurs among the members of the control group.

The researcher attributes the alleviation of the social withdrawal among the members of the experimental group to their positive responding to the program which in turn contributes to alleviating social withdrawal.

The study showed that training the students on the social interaction was effective in modifying the social withdrawal behavior among the educable intellectually disabled children. This is because the program was constructed in accordance with the needs of the intellectually disabled children and because the program's games suit the children's abilities.

Regarding the program's results, it is shown that there are statistically significant differences at the level of (0.05) between the intellectually disabled children in the experimental and the control groups in the post-test in terms of alleviating social withdrawal in favor of the experimental group which is reflected in the clear improvement in the social interaction. These results assert the efficiency of the applied program.

5. Recommendation

- 1- Studying the relationship between satisfying the psychological needs of the disabled child and the social withdrawal.
- 2- A study depends on programs designing and social skills development among disabled children to enhance their social engagement and develop their self-esteem.
- 3- Studying the relationship between self-concept among disabled children and social withdrawal.
- 4- Studying the relationship between the child's problems in the school and education curricula.
- 5- Studying the problems that face disabled children in school and designing programs to help them in overcoming their problems.
- 6- Studying the school's activities that help the disabled child to participate with other peers and adults around him.
- 7- Studying the relationship between accepting the intellectually disabled child and social withdrawal.
- 8- Studying the effect of encouragement and forgiveness in helping the intellectually disabled children in overcoming the social withdrawal.
- 9- The necessity of paying attention to the different activity programs offered to the intellectually disabled children to effectively helping them to be integrated with the society since these programs contribute to reducing their behavioral disorders.
- 10- The necessity of increasing the training programs offered to the special education teachers and the intellectually disabled child's parents.

6. Study proposals

In the light of the study's findings, the researcher suggests the following;

- 1- Conducting a similar study on another category of disabled people who suffer from social withdrawal.
- 2- Using the media to spread the psychological culture about the intellectually disabled child.
- 3- Raising the teachers' awareness about the ways of helping the intellectually disabled children to improve their self-esteem and acquire the independence skills.
- 4- Founding centers to support the parents in building a healthy relationship with the disabled child in accordance with his disability.

5- Training the teachers who work in intellectually disabled schools on the positive reinforcement methods and how to provide children with self-reliant skills and develop their pronunciation skills to express themselves in a better way.

6- Designing training program to modify different behavior problems among the intellectually disabled children.

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