INTRODUCTION

Young children face a vast and increasing number of challenges as they attempt to develop interpersonal social relations. During early childhood years, caregivers give high priority to enhancing young children’s social development. It has been found that unless children become socially competent by about the age of six years, they are likely to be at risk throughout their life. Peer relationships are important for both social and cognitive development and to the effectiveness with which we function as adults. Children who are disliked by their peers and those who are aggressive, disruptive, and unable to sustain close relationships with other children are “at risk” (Hartup 1992).

Balda and her colleagues (Balda 2001; Balda and Irving 2000; Balda and Irving 2002) suggested that if the child is difficult temperamentally, the process of socialisation is likely to proceed with turbulence and stress. Parents of such children become hostile to the child and face difficulties in managing the child. These children are more likely to develop strained relationships with their peers and those who are aggressive, disruptive, and unable to sustain close relationships with other children are “at risk” (Hartup 1992).

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McClowry (2003) suggests that it is important to understand the child’s temperament style so that parents can work with, rather than against, the child and respect the child’s uniqueness without trying to remake his/her basic disposition. In fact, research shows that some change in children’s temperament style normally occurs as they grow up, acquire new skills, and expand their capacities (Sanson et al. 2007).

Socially incompetent children lack the ability to handle interpersonal social problems that are encountered with peers and adults. These children experience frustration and failure when problems develop with their caregivers including parents and teachers. Caregivers also experience a sense of failure and frustration when they try to deal with children as they face these problems. This leads to unhealthy child-caregiver relationship. Shure and Spivack (1978, 1981) and Balda (1997) suggested that parents who direct or instruct their children what to do while solving the problem are restricting their children to think since they are doing the thinking for their child.

Educational training for interpersonal social problem-solving has importance for social adjustment and interpersonal social competence. This can prevent children from maladaptive behavior (Shure 1984; Spivack and Shure 1989). In Interpersonal Cognitive Problem-Solving it is more important “how” children think, that is the process of problem-solving. Children from an early age can learn to solve their everyday problems, which can help them in their later life adjustment.

The present study was conducted to train 6-8 years old aberrant children to promote their interpersonal social problem-solving skills.
METHODOLOGY

Subjects

From Sonepat city of Haryana state, two government schools were selected at random. From these schools, a list of children in the age group of 6 to 8 years was prepared separately. On the basis of teachers’ assessment of overall behavior adjustment of children, from both the schools a total of 37 aberrant children (18 children from School 1 and 19 children from School 2) could be identified. These children were assessed for social problem-solving skills. Children from School 1 served as control group and children from School 2 served as experimental group. The mean age of target children was 83.75 months ($SD = 6.91$ months).

Measures and Procedure

**Overall Behavior Adjustment Inventory:** The social behavior of children in the school as perceived by the class teacher was assessed with the help of an inventory developed by Punia (2002). Inventory consisted of 15 behavioral items on a Likert-type scale. For each behavior item, the teacher was requested to give a score of 1 through 5. On the basis of total score, children could be classified into one of the three groups: a) inhibited, b) adjusted, or c) impulsive. The number of these classifications was reduced to two: a) aberrant and b) adjusted. Inhibited and impulsive children were combined to form the category referred to as aberrant, and the other children remained into adjusted category. This procedure has been used by Rickel and Burgio (1982) and Punia et al. (2003, 2004a, 2004b).

**Social Problem-solving (SPS) Skills:** Children’s social problem-solving skills were assessed using Social Problem-Solving Test-Revised developed by Rubin (1988). From this test ten stories were used to assess children’s social problem-solving skills in hypothetical situations with their peers, five stories for object acquisition and five stories for initiating friendship with an unfamiliar child.

**Scoring for Children’s Social Problem-solving Skills:** The children’s responses obtained from Social Problem-Solving Test (SPST) were scored for quantitative features. The total number of strategies and total number of different strategies found in Object Acquisition and Friendship Initiation stories were computed. Responses were also scored for the number of relevant strategies suggested per story and were computed to get an Object Acquisition relevancy score and Friendship Initiation relevancy score. An index of response flexibility was also computed. Flexibility involved a comparison of the strategies found in response 2 with those found in response 1 for any given story. The strategies found within the two responses were compared. The flexibility scores were computed for Object Acquisition and Friendship Initiation tasks.

**Educational Training Program:** Training program developed by Punia and Balda (2002) was used to promote interpersonal social problem-solving skills. Emphasis was laid on alternative and consequential thinking while dealing with interpersonal problems. The program consisted of series of lessons in the form of games. Educational training was imparted to experimental group aberrant children for about two months. After a gap of one month, children were post-tested for social problem-solving skills to examine the impact of training.

RESULTS

Pre-testing Means Scores of Control and Experimental Group Aberrant Children

Social problem-solving skills of control and experimental group aberrant children for Object Acquisition and Friendship Initiation tasks were compared using independent sample t-test. Quantitative scores of social problem-solving tasks were taken as dependent variables and group (control, experimental) was taken as independent variable. Means and standard deviations for control and experimental group aberrant children are presented in table 1. These were no significant differences in control and experimental groups for different scores of Object Acquisition and Friendship Initiation tasks.

Pre- and Post-testing Comparison of Performance of Control and Experimental Group Aberrant Children

Pre and post-testing performance of control and experimental group aberrant children was compared using paired-t tests. Separate analyses
were run for control and experimental groups. Pre and post-testing scores, mean difference and paired-t values are presented in table 2 for control group children and in table 3 for experimental group children. Results displayed in table 2 indicate that there were no significant differences in pre and post-testing performance of control group aberrant children.

Results displayed in table 3 clearly show that there were significant differences in pre and post-testing performance of experimental group aberrant children. For Object Acquisition and Friendship Initiation tasks, post-testing mean scores of number of strategies and number of different strategies were significantly greater than pre-testing mean scores. Also, after training, aberrant children obtained greater relevancy and flexibility scores.

**DISCUSSION**

Interpersonal social problem-solving is an integral part of every day life. Some children are seen to have difficulties while dealing with interpersonal problems. In the present study impact of educational training for social problem-solving skills was assessed on aberrant children. Results have clearly shown that after educational
training, there was significant improvement in social problem-solving skills of aberrant children. After training aberrant children suggested greater number of strategies and different strategies in hypothetical situations. Also, these children suggested more relevant and flexible alternatives. These results support the previous research indicating that aberrant children improved significantly after receiving training (Sharp 1981; Shure and Spivack 1978; Shure and Spivack 1981). Punia and her colleagues (Punia et al. 2003, 2004a, 2004b) have conducted research with aberrant preschool children. Training was imparted to these children to enhance their social problem-solving skills. Results revealed that after undergoing social competence training, social problem-solving skills of aberrant preschool children improved significantly. In another study, Malik et al. (2005) found that social problem-solving training significantly improved the thought and behaviour of socially incompetent girls through problem-solving techniques. These authors suggested that the early intervention programme for interpersonal social problem-solving during early childhood years can help children to think alternative solutions to a problem, and to look at the possible consequences of any solution. Thus, early identification and intervention helps in primary prevention.

In an earlier study, Shure (1984) suggested that intervention to enhance Interpersonal Cognitive Problem Solving (ICPS) skills has shown to significantly reduce observable negative, impulsive and inhibited behaviors and increase positive qualities in young and older children. In a recent study, Lefler et al. (2009) evaluated a group-administered, manualized social skills intervention programme on children in the age range of 7 to 13 years who had peer relationship difficulties. The results provide support for social skills intervention. There was significant improvement in social skills of children after intervention. As suggested by Punia et al. (2010), early intervention programme for Social Problem-Solving during pre-school years is very important to help children develop cognitive repertoire of different strategies for alternative solutions to a problem, and to weigh the consequences of any strategy or solution before putting that strategy into action. In this way children can be prevented from developing maladaptive behaviour which has long-lasting negative impact on their behaviour, personality as well as on development of social relations.

**CONCLUSION**

In conclusion, after educational training social problem-solving skills of aberrant children improved significantly. Educational training helped aberrant children to think of different, relevant, and flexible alternatives to solve interpersonal social dilemmas. The findings of the present study have important implications for parents, care givers, and school teachers. If aberrant behavior is observed in children, parents and teachers can work together to help children improve their behavior and protect them from psychosocial maladjustment in childhood and later years.

**RECOMMENDATIONS**

During childhood years children are required to develop healthy social relationships with peers and adults. It is very important for them to learn to cope with the problems and demands of social interactions. Educational training programme for social problem-solving can help children to think alternative solutions to a problem, and to look at the possible consequences of any solution. Thus, early identification and intervention helps in primary prevention and children can be prevented from developing maladaptive behavior which has long-term negative impact on mental health. Teachers and parents can be trained in social problem-solving program so that they can help children to think for themselves and to solve their day to day real life problems by themselves.

**REFERENCES**


EDUCATING ABERRANT CHILDREN FOR PROBLEM-SOLVING


