

Improving Social and Life Skills in Children with Cleft Lip and Palate

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Background: Patients with cleft lip and palate (CLP) have problems with mental and social development such as slow learning, shyness or lack of self-confidence, acceptance of friends, and a higher possibility of isolation. Therefore, Tawanchai Center arranged a camp in order to improve life and social skills for children with CLP as well as to promote understanding and participation of the guardians and educational staffs in terms of the patients' treatment.

Objective: To compare pre and post evaluation scores of life and social skills in project complete service for patients with CLP.

Materials and Methods: This is a descriptive research project which evaluates the complete-service camp to treat children with CLP. There are 9 children (age 4 to 10 years) with CLP, 9 guardians, and 8 teachers were recruited to study. The tools were general information questionnaires, pre- and post-evaluation of the life and social skills, and in-depth semi-structured interviews. For data analysis, percentage and Wilcoxon signed rank test were used to compare the pre- and post-evaluation scores as well as content analysis.

Results: The participants had significantly higher scores of life skills and social skills after participating in the camp (95% CI = 0.00 to 0.28, median difference = 1; 95% CI = 0.00 to 0.28, median difference = 1 respectively). For the descriptive results after the content analysis, the guardians and teachers understood the problems and were aware of the importance of the promotion of life and social skills for children and also developed methods to arrange activities to promote life and social skills.

Conclusion: The participation in the camp boosted children with CLP's life and social skills, post-evaluation scores were higher statistically significantly than pre-evaluation scores.

Keywords: Social and life skills, CLP, Children

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Cleft lip and palate (CLP) is an in-born physical disability which relates to many other problems such as physical disabilities, low level of intelligence quotient, and learning disorders⁽¹⁾. These problems also have an effect on the patients' mental health in many dimensions such as low self-esteem, difficulties with social interaction, shyness, problems with sociability and friends' acceptance, lack of confidence, and possibility of isolation^(2,3). Some patients may be imitated, nicknamed, and bullied by their friends⁽⁴⁾. Communication problems, and interactions and relationships with other individuals remain limitations for patients even into adulthood⁽⁵⁾. These dimensions are compositions of life and social skills^(6,7), and the lack of these skills can be the

causes of depression and low learning outcomes⁽⁴⁾ which result in the failure of emotional control and the lack of self-confidence. Thus, the patients should be treated, have a surgery, and recover completely in all 5 dimensions⁽⁸⁾ which are health, education, society, life, and empowerment. Tawanchai Center, Srinagarind Hospital, therefore, arranged the project Complete Service for Patients with Cleft Lip and Palate. In the camp, the children, the guardians, and the teachers participated together in order to increase life and social skills for the children so that they are able to live in society with quality and equality. In addition, the camp provided information and promoted understanding about the children to the guardians and related educational staffs as a guideline for the patients' treatment and potential improvement in the future.

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Objective

To compare pre and post evaluation scores of life and social skills in Project Complete Service for Patients with CLP.

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Materials and Methods

The sample group of the present study was categorized into: 1) 9 children with CLP from Tawanchai Center, 2) 9 guardians, and 3) 8 teachers. General information questionnaire, pre- and post-activity Life Skills Assessment Scale⁽⁶⁾, and Prosocial Behavior Evaluation⁽⁷⁾ were used. The researcher had rated by observing the patients' behaviors. The scale ranges from 1 to 5 (1 = not be able to express on that topic, 5 = be able to express by oneself on that topic). There was also an in-depth semi-structured interview after the activity.

This camp lasted for two days, and the activities were designed by a multidisciplinary team consisting of psychiatrists, clinical psychologists, nurses, and social workers. The activities focused on the children's communication and interaction with other people, planning, initiation, leadership, teamwork, and acceptance of individuals' differences which were considered important social skills in life. Children were divided into three groups of three people (each with a different age range) and participated in the activities together. The guardians and teachers were the observers and helped when children asked. On the first day, the children were requested to participate in three activities starting with a Cooking Contest. The second activity was a competition to see who could fold the most clothes of different types and sizes within a set amount of time. The last activity was "Taking Mom To The Market"; Children had to memorize a list of ingredients that would be used to prepare a meal and then told their guardians so that they could pick pictures of the correct ingredients. On the second day, the children, the guardians, and the teachers who take care of the children were requested to participate in the "I Want to Say" activity together; each one could say something that they wanted the other people to know. They were divided into three groups, and each group had 60 minutes to complete the activity. After finishing, there was an in-depth semi-structured interview about the participation in the camp.

Data analysis

The quantitative data was analyzed by percentage, Wilcoxon signed rank test to compare scores of life and social skills before and after the participation in the camp as well as content analysis.

Ethical consideration

The study was reviewed and approved by the Human Research Ethics Committee, Khon Kean University (Project No.: HE611557).

Results

The sample group consisted of 9 children with CLP; 55.6% were male while 44.4% were female. 55.6% of them were between 9 to 10 years old. Two thirds of them (66.7%) were in grade 3 to 4. For the group of the guardians and teachers, there were more female and male (Table 1).

Table 1. General information of the sample group

List	Number	Percent
Patients Group		
Sex		
Male	5	55.6
Female	4	44.4
Age		
4 years	1	11.1
6 years	1	11.1
7 years	1	11.1
8 years	1	11.1
9 years	2	22.2
10 years	3	33.4
Education level		
Pre-elementary	1	11.1
Grade 1	1	11.1
Grade 2	1	11.1
Grade 3	3	33.35
Grade 4	3	33.35
Guardians group		
Sex		
Male	2	22.2
Female	7	77.8
Educational staff		
Sex		
Male	3	33.3
Female	5	55.6

Social skills

Researchers evaluated the children's social skills using the Prosocial Behavior Assessment by observing behaviors before and after participating in the activities. The median scores of their social skills before the participation was 3.00 and 4.00 after the participation. When comparing the pre- and post-participation scores, the post-test had statistically significant better than pre-test (Wilcoxon Signed Rank Z score = -2.83, 95% CI = 0.00 to 0.28, $p = 0.005$) as shown in Table 2.

Life skills

The researcher evaluated the patients' life skills using The Life Skills Assessment Scale by observing behaviors pre and post their participation in the activities.

Children's overall life skills were at the level that they could do things by themselves if they received help sometimes both before and after the participation in the camp. Scale O., DP., TI., MC., UI and OS. at post-test had statistically significant better than pre-test (Table 3).

Content analysis of data

Content analysis in terms of the results. First day, the participation in the activities found that the group of children enjoyed the activities and practiced their creativity, planning skill, and teamwork. Some of the patients said, "It's very fun to decorate dish", "I never get to do it at home, but when I try to do it with friends, I can do it too", "I let my

Table 2. The comparison of social skill scores pre and post participation of the children with CLP

Prosocial behavior	Mean	SD	Median	IQR	Wilcoxon signed rank test (Z)	95% CI (2 tailed)	p-value
Pre-test	3.11	0.78	3.00	2	-2.83	0.00 to 0.28	0.005
Post-Test	4.00	1.00	4.00	2			

Table 3. The comparison of life skills scores pre and post participation of the children with CLP

The life skills assessment scale	Mean	SD	Median	IQR	Wilcoxon signed rank test (Z)	95% CI (2 tailed)	p-value
O					-3.00	0.00-0.28	0.003
Pre-test	3.00	1.00	3.00	1			
Post-test	4.00	1.00	4.00	2	-2.82	0.00-0.28	0.005
DP							
Pre-test	2.89	0.93	3.00	1	-2.82	0.00-0.28	0.005
Post-test	3.78	1.09	4.00	2			
TI					-2.82	0.00-0.28	0.005
Pre-test	2.89	0.93	3.00	1			
Post-test	3.78	1.09	4.00	2	-2.82	0.00-0.28	0.005
MC							
Pre-test	3.11	1.05	3.00	1	-2.82	0.00-0.28	0.005
Post-test	4.00	1.23	4.00	2			
UI					-2.82	0.00-0.28	0.005
Pre-test	3.11	0.93	3.00	1			
Post-test	4.00	1.00	4.00	2	-2.88	0.00-0.28	0.004
OS							
Pre-test	3.00	0.93	3.00	1	-2.88	0.00-0.28	0.004
Post-test	3.91	1.05	4.00	2			

O = interacting with others, DP = overcoming difficulties and solving problem, TI = taking initiative, MC = managing conflict, UI = understanding and following instructions, OS = overall score

friend decorate dish to look beautiful and pleasant”, “I am the one who tasted it, another friend help prepare dish”. The important goal for these activities was to train the children to communicate and interact with other people. Additionally, they also practiced their children and attempted to overcome obstacles which was anxiety and solved problems during the activities. For instance, a boy was sitting and folding the clothes and got increasingly anxious and frustrated until he succeeded. The boy said, “I am afraid that it will not turn out beautiful”, “I don’t get to this much at home”. When he was asked about what helped him succeeded, the boy answered, “I observe my friends and follow them”. For the guardians, after observing and participating in some activities they learnt ways to reinforce the children’s abilities according to their ages. One of the guardians said, “Normally, I wouldn’t let my child in the kitchen because there may be an accident. After seeing him/her today, I now know that he/she can do it too”. Some of the guardians realized the importance of reinforcing development according to their ages as they said, “The other children can do it, but I’ve never let my child practice. After today, I will help my child practice doing things by him/herself such as folding clothes or cooking an easy meal”. The important thing was that they learnt to

interact with other people. One of the guardians said, “He is a shy boy-afraid to express himself. It is a good thing that he joined the activities with his friends. He seems more confident to talk to his friends”.

The content analysis from the activity “I Want To Say” aimed for children with CLP practice their communication skills-be able to state their needs and help the guardians and teachers understand the patients’ problems. For example, there was a case of a boy whom the teacher reported did not submit his Math homework, and when the boy stated his own needs, he said, “I want to submit my homework, but I can complete it. No one can teach me (he lived with his grandparents)”, the teacher then better understood the boy’s problem and helped find solutions as the teacher said, “I will help teach you after school”. There was another case where the patient talked about his/her needs that he/she wanted to go out and play with his/her friends (the child had to help the guardian with housework). However, the guardian had a different point of view as he/she has to work to support 2 children, so he/she wanted them to help with housework before going out to play. Furthermore, the teacher also talked about the usefulness of the activity in helping them understand the students more and learnt ways

to care for this group of students from other teachers as well.

Discussion

The participation in the Project Complete Service for Patients with Cleft Lip and Palate Treatment can boost life and social skills for children with CLP as their pre- and post-scores of the activity assessment are significantly different (p -value <0.01). This shows the children's participation in the activities which were designed to focus on communication skills, interaction, planning skills and teamwork skills with the same-age friends such as cooking and clothes folding competitions which can increase life and social skills. It corresponds to the study of Ninlapan P. and Khantreejitranon A. (2015) who found that a group cooking activity can develop social skills in terms of communications with other people⁽⁹⁾ as well as the study of Ohno H. and Inoue K. (2014) which found that a cooking activity can increase social competencies in terms of relationships between individuals, collaboration, working, and process understanding⁽¹⁰⁾. Moreover, the children were able to learn to overcome obstacles by imitating their friends' behaviors in the groups. Doing activities together, applying knowledge learned in the camp, clubs, volunteering etc. will help the students develop life skills as well as improve relationships and communication skills, practice controlling and dealing with their emotions and stress, listening and understanding other people. All of these skills lead the acceptance of different opinions including the acceptance in the groups, expression of ideas, speech, and successful performance resulting in compliments, pride, and self-esteem leading to greater responsibilities to oneself and society⁽¹¹⁾. Aside from the results for the children, participation in the project also affected the guardians and teachers understand and realize the problems and limitations of the children and learnt ways to help and reinforce the children's life and social skills so that they can happily live in the society.

Conclusion

The participation in the camp can boost children with CLP's life and social skills.

What is already known on this topic?

Children with CLP usually have social and mental problems in terms of communication and interaction with other people.

What this study adds?

The pattern of group work such as cooking can increase their communication and interaction skills with other people.

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Potential conflicts of interest

The authors declare no conflicts of interest.

References

1. Singkhornard J, Unprai P, Chonprai C, Samretdee H, Patjanasontorn N. Intelligence and learning disabilities measurement of children with cleft lips and palates age 6 to 12 years. *J Med Assoc Thai* 2017;100 Suppl 6:S160-S4.
2. Turner SR, Rumsey N, Sandy JR. Psychological aspects of cleft lip and palate. *Eur J Orthod* 1998;20:407-15.
3. Berger ZE, Dalton LJ. Coping with a cleft II: Factors associated with psychosocial adjustment of adolescents with a cleft lip and palate and their parents. *Cleft Palate Craniofac J* 2011;48:82-90.
4. Reddy NK, Cronin ED. Physical impairments, psychological impact, and risk factors of cleft lip and palate in children from a surgical mission project in Armenia, Colombia. *EC Dental Science* 2017;9:53-9.
5. Reddy SM, Subramaniyan B, Nagarajan R. Studying the impact of cleft of lip and palate among adults using the international classification of functioning, disability and health framework. *J Cleft Lip Palate Craniofac Anomal* 2017;4:125-37.
6. Kennedy F, Pearson D, Taylor LB, Talreja V. The Life Skills Assessment Scale: Measuring life skills of disadvantaged children in the developing world. *Soc Behav Pers* 2014;42:197-210.
7. Elliott SN, Gresham FM. Social skills improvement system: Performance screening guide. Ontario: Pearson Canada Assessment; 2007.
8. World Health Organization. Community-based rehabilitation: CBR Guidelines. Geneva: WHO; 2011.
9. Ninlapan P, Khantreejitranon A. Social skill development through cooking activities for students with autism: A case study of Watchantanaram School, Chanthaburi Province. *Kasetsart Edu Rev* 2015;30:134-43.
10. Ohno H, Inoue K. the effects of cooking activities and social skills training on schizophrenics-a comparison of cognitive function and social competence. *Kawasaki J Med Welfare* 2014;19:54-63.
11. Office of the Basic Education Commission, UNICEF Thailand and Right to Play Thailand Foundation. Life skills: teacher code for 21st century skills. [Internet]. 2017 [cited 2018 Sep 20]. Available from: <https://www.unicef.org/thailand/media/966/file/21st%20Century%20Skills%20Education%20Teacher%20Manual.pdf>.