THE DEVELOPMENT OF AN INTEGRATED GROUP COUNSELING MODEL TO ENHANCE PSYCHOLOGICAL HARDINESS OF CHILDREN WITH PHYSICAL DISABILITIES AT A SRI SANGWAN, NONTHABURI PROVINCE, THAILAND

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ABTRACT

The objectives of this research were (1) to study psychological hardiness of students with physical disabilities, (2) to develop an integrated group counseling model for enhancing psychological hardiness of those students, and (3) to study effects of this integrated model on enhancing psychological hardiness in an experimental group and compare with a control group.

The subjects for studying psychological hardiness were 160 students with physical disabilities at Sri Sangwan school, from Grade 1 of the primary level to Grade 9 of the secondary level. Then, 18 students in Grade 7 were purposely selected to enhance psychological hardiness. They were divided into 2 groups: an experimental group and a control group, 9 students in each group. The experimental group received and used the integrated group counseling model for 11 sessions, 90 - 120 minutes in each session. The control group received usual information from school.

The instruments were (1) two rating scale questionnaires for assessment of psychological hardiness, with reliability coefficient of .77 for the primary level questionnaire and .86 for the secondary level questionnaire; and (2) an integrated group counseling model for enhancing psychological hardiness. Data were analyzed with the use of the mean, standard deviation, t-test, one-way ANOVA, Wilcoxon Test, and Mann-Whitney U Test.

The results were as follows:

- 1. The overall level of psychological hardiness of the students was high.
- 2. The developed integrated group counseling model was the result of integrating techniques of group counseling therapies, namely, Rational Emotive Behavior Therapy, Behavior Therapy, Reality Therapy, and Solution-Focused Brief Therapy. The model covered 11 sessions, each session consisting of 3 stages: beginning, processing, and ending stages.
- 3. After using the model, the level of psychological hardiness in the experimental group was significantly higher at the .01 level of statistical significance, and was significantly higher than that of the control group students at the .05 level of statistical significance.

Keywords: Psychological hardiness, Integrated group counseling model, Children with physical disabilities

INTRODUCTION

From the latest statistical report, there were 1,995,767 persons with disabilities in Thailand, with 33,150 being children and adolescents. Most of them were physical disabilities (Department of Empowerment of Persons with Disabilities, Thailand, 2019). Children with physical disabilities have difficulty of daily living mainly the limitation of their physical functioning, such as walking, changing position, etc. Also, concerning the psychological impact, they still have problems on control of their emotion and behavior, such as irritability, aggressiveness, etc. Furthermore, their parents also have some conflicts to the disabilities of their child resulting in the psychological problems in the children (Nongpanga, 2018). There had been reported that the quality of life of the adolescents who had physical disabilities were lower than normal including depression (Edward, Patrick & Topolski, 2003).

In helping children with physical disabilities, we must pay attention to the increasing of psychological hardiness because it is very important in helping persons to pass their stress situations. There are three components of psychological hardiness. They are (1) commitment, which is the doing in certain condition to confirm the attention to do it successfully; (2) control, which is the ability to control oneself and plan to cope with various situations efficiently; and (3) challenge, which is the ability to express the challenging in doing something successfully and learning of all experience (Kobasa, Maddi & Kahn, 1982).

The literature reviews about psychological hardiness show that psychological hardiness is a very important characteristic of people. It helps a person to cope with stress situations and it helps persons to understand and value themselves. Judkins and Ingram (2002) found that the person who had psychological hardiness would adapt to reduce the stress. It was an important characteristic of students who had success in their study. Psychological hardiness was also related to age, sex, religious belief and happiness of students (Hannah and Morrisey, 1998). It was very important for having successful careers of graduates and nongraduates of the US Army Special Forces Cadet School (Bartone, Roland, Picano & Williams, 2008). It was also very important for the rugby players who performed high scores (Golby & Sheard, 2004).

The efforts to help the persons who had physical disabilities in Thailand were not sufficient because of the large number of them and the financial problems. Thus, the government, organizations, and involving personnel should provide supports for the persons with physical abilities in accordance with Thailand's 20-Year National Strategy and the Twelve National Economic and Social Development Plan (2017-2021). Since there had been few studies about the emotional and psychological status of children with physical disabilities and there was no such a study of these children in Thailand, we therefore decide to study the psychological hardiness in children with physical disabilities and develop a group counseling model to promote psychological hardiness in these children. We had a pilot project to identify the problems in Sri Sangwan school, under the Royal Patronage of His Majesty the King, at Nonthaburi Province. The school offers education and services for supporting and rehabilitation on physical, social and occupational aspects of children with physical disabilities. We interviewed ten children and found that all children were sad and had stress on their physical disabilities.

They were anxious about their lives, about education, and about occupation in the future. We asked about the importance of psychological hardiness. All said that it was very important to their lives because it would help them to pass the obstacles to have the commitment, the adaptation and the control of their lives to struggle in this world.

Therefore, the researcher needed to study the level of psychological hardiness and enhance psychological hardiness in these students by the integrated group counseling model because group counseling was the effective help process in the psychological aspect and one counseling theory was not enough to solving the complicated problems of people and the integrated counseling could help subjects to learn from several aspects (Corey,2013,pp.123).

METHODOLOGY

Step 1: The study of the psychological hardiness of the children with physical disabilities

1. Subjects

Subjects were children with physical disabilities who were studying at Grade 1 (of the primary level) to Grade 9 (of the secondary level) at a school in Nonthaburi Province, Thailand.

2. Instruments

After the pilot study, we identified the psychological problems and constructed two forms of questionnaire for assessment of all three components of the psychological hardiness of the children with physical disabilities. Then the two forms of questionnaire were verified for content validity by experts who had experience in psychology. Both forms had the Index of Objectives Congruence (IOC) of 0.8 -1.0. The two forms of questionnaire were the following: The first was the questionnaire for the primary level (Grades 1 - 6), with 23 items which had 3 rating scales with Cronbach's alpha coefficient reliability of .77. The second was the questionnaire for the secondary level (Grades 7 - 9) with 33 items which had 5 rating scales with Cronbach's alpha coefficient reliability of .86 and the Questionnaire Discrimination Index of 0.22 – 0.64 for the primary level and the Questionnaire Discrimination Index of

0.20 - 0.70 for the secondary level.

Step 2: The development of an integrated group counseling model for enhancing psychological hardiness.

We developed an integrated group counseling model for enhancing psychological hardiness based on the concept of Kobasa, Maddi and Kahn, 1982, which included 3 components, namely, commitment, control, and challenge. The integrate group counseling model was developed by integrating techniques from four group counseling theories, namely, the Rational Emotive Behavior Therapy, Behavior Therapy, Reality Therapy, and Solution-Focused Brief Therapy.

Step 3: The study of the effects of the integrated group counseling model for enhancing psychological hardiness

1. Subjects

Subjects for this study were 18 students from Grade 7 (Grade 1 of the secondary level) at Sri Sangwan School in Nothaburi province, Thailand. They were volunteers to participate in the experiment. Then, they were divided, based on results of matching their scores, into an experimental group and a control group

with 9 students in each group. The experimental group received and used the integrated group counseling model, while the control group received usual guidance information. They were pre-tested and post-tested to assess their psychological hardiness before and after the experiment.

2. Instruments

The instruments were (1) an integrated group counseling model to enhance psychological hardiness for the children with physical disabilities; and (2) the questionnaire to assess psychological hardiness of secondary students (Form 2) for pre-testing and post-testing.

RESULTS

Step 1: The study of psychological hardiness of the children with physical disabilities

1. Demographic data of the children

The majority of 85 subjects in the primary level were males (57.60%), with 11 - 15 years of age (54.10%), studying in Grade 2 (21.2%), and with GPA of 3.01 - 3.50 (38.80%). The majority of 75 subjects in the secondary level were males (52.30%), with 11 - 15 years of age (53.80%), studying in the grade 3 (38.60%), and GPA 2.51-3.00 (32.3%).

- 2. The study of psychological hardiness level
- 2.1 The study of psychological hardiness level in the primary level

It was found that the overall rating mean of psychological hardiness was at the high level (\overline{X} =2.58, S.D.=0.28). The challenge component was the highest (\overline{X} =2.71, S.D.=0.44) while the commitment component was the lowest (\overline{X} =2.49, S.D.=0.34).

2.2 The study of psychological hardiness level in the secondary level

It was found that the overall rating mean of psychological hardiness level was at the high level (\overline{X} =3.71, S.D.=0.46). The commitment component was the highest (\overline{X} =3.72, S.D.=0.48) and the challenge component was the lowest (\overline{X} =3.71,S.D.=0.56).

- 3. The comparison of psychological hardiness levels of children as classified by sex, age, grade, and GPA by t-test and ANOVA.
- 3.1 The comparison results in the primary level

It was found that overall psychological hardiness levels of children with different sexes were significantly different at the .05 level of statistical significance. As for the components of their psychological hardiness, it was found that their commitment component was significantly different, but their control component and challenge component were not significantly different.

The overall and each component of psychological hardiness of children with different ages were not significantly different.

3.1.3 Grade

The overall rating means of psychological hardiness of children in different grades were not significantly different. However, the rating means of their control component were significantly different at the .01 level of statistical significance.

3.1.4 (Grad Point Average, GPA)

The overall rating means and each component rating means of psychological hardiness of children who had different GPA's were significantly different at the .01 level of statistical significance.

3.2 The comparison results in the secondary level

It was found that the overall rating means and each component rating means of psychological hardiness of the secondary level children with different sexes, ages, grades, and GPA's were not significantly different.

Step 2: The development of the integrated group counseling model for enhancing psychological hardiness.

The details of the integrated group counseling model were as follows:

1. The employed theories and techniques of the integrated group counseling model were the Rational Emotive Behavior Therapy (REBT), Gestalt Therapy (GT), Reality Therapy (RT), and Solution-Focused Brief Therapy (SFBT). In addition, the techniques to enhance the three components of psychological hardiness were specified as follows:

1.1 The Commitment Component

We used the techniques from (1) GT: Now I'm Aware, Staying with the Feeling, Games of Dialogue, and Fantasy Games; (2) REBT: Psychoeducational Technique, Disputing Irrational Belief Technique, Progressive Muscle Relaxation Technique, Modeling, and Positive Enforcement; (3) SFBT: Miracle Questions, Looking for Previous Solution, Scaling Questions, Compliment, Exception Questions, and Therapist Feedback to Client; and (4) RT: WDEP System.

1.2 The Control Component

We used the techniques from (1) REBT: Disputing Irrational Belief Technique, Rational Emotive Imagery, Cognitive Homework, Modeling, and Positive Enforcement; (2) GT: Staying with the Feeling, Games of Dialogue, I Take Responsibility, and Forceful Statement; (3) SFBT: Miracle Questions, Looking for Previous Solution, Scaling Questions, Compliment, Exception Questions, and Therapist Feedback to Client; and (4) RT: WDEP System.

1.3 The Challenge Component

We used the techniques from (1) GT: Staying with the Feeling, Now I'm Aware, Using Personal Pronoun, I Take Responsibility; (2) REBT: Disputing Irrational Belief Technique, Cognitive Homework, Modeling, and Positive Enforcement; (3) SFBT: Miracle Questions, Looking for Previous Solution, Scaling Questions, Compliment, Exception Questions, and Therapist Feedback to Client; and (4) RT: WDEP System.

2. The developed integrated group counseling model covered 11 sessions with duration of 90-120 minutes in each session, and 4 continuous sessions per week, as shown in Table 1:

Table 1: Sessions of the Integrated Group Counseling Model

Session	Торіс
1	Relationship Building
2	Commitment (1)
3	Commitment (2)
4	Commitment (3)
5	Control (1)
6	Control (2)
7	Control (3)
8	Challenge (1)
9	Challenge (2)
10	Challenge (3)
11	Termination

- 3. Each integrated group counseling session included 3 stages:
 - 3.1 The beginning stage was the stage of relationship building for warmth and trust.
 - 3.2 The processing stage was the stage of using the techniques from the group counseling theories.
 - 3.3 The ending stage was the summary and evaluation of each session.

Step 3: The study of the effects of integrated group counseling model for enhancing psychological hardiness

3.1 The comparison of psychological hardiness levels of the experimental group children before and after receiving group counseling

Table 2: The comparison of psychological hardiness levels of the experimental group children before and after receiving group counseling

	The Wilcoxon Matched Pairs			
Experimental group	Mdn	Q.D.	Signed Ranks Test	p-value
			(T)	
Before	111.00	15.0	2.668**	.004
After	141.00	6.25		

^{**}p < .01

As showed in Table 2, it was found that after the experiment, the children with physical disabilities in the experimental group had the psychological hardiness median score higher than their pre-experiment counterpart median score at the .01 level of statistical significance.

3.2 The comparison of the post-experiment psychological hardiness levels of the experimental group and the control group children

Table 3: The comparison of the post-experiment psychological hardiness levels of the experimental group and the control group children

			The Mann-Whitney U Test	
Group	Mdn	Q.D.		p-value
Experimental group	141.00	6.25	2.083*	.019
Control group	127.00	6.75		

^{*}p < .05

As shown in Table 3, it was found that after receiving the integrated group counseling, the post-experiment psychological hardiness median score of the experimental group children was significantly higher than the counterpart median score of the control group children at the .05 level of statistical significance.

CONCLUSION AND FUTURE WORK

4.1 The study of psychological hardiness of the children with physical disabilities

It was found that psychological hardiness of the children in both the primary and the secondary levels were high. This might be due to these children already having some adaptations because they had been receiving supports and advices from the school. It was found that the challenge component of psychological hardiness was the highest in the primary level; while the commitment component was the highest in the secondary level. This might be due to the psychological development of children during the primary level being focused on the attention, and the need to learn the new challenges, but that of the children in the secondary level being the starting to have the commitment for the success in their education and their lives. (Erickson, 1958, 1963 cited in McLeod, 2018).

However, the almost comparison results of psychological hardiness levels in both groups in term of sex, age, class level, GPA were not significantly different. The findings were consistent with those of the previous study (Parkes & Rendall, 1988).

4.2 The development of the integrated group counseling model for enhancing psychological hardiness

The developed integrated group counseling model covered 11 sessions with the use of the integration techniques from the REBT, GT, RT, and SFBT was considered to be a quality model for group counseling. It could be used with the children with physical disabilities effectively to enhance their psychological hardiness in all three components including commitment, control, and challenge. This was probably due to the researchers having tested for the quality of the developed model before using it for group counseling. This model was verified for its content validity by five experts who had experiences in measurement and evaluation for psychological counseling. The quality inspection found that this model was accurate, suitable and relevant to the objectives. The process for development and evaluation result in the developed model being relevant and more effective.

4.3 The study of the effects of the integrated group counseling model for enhancing psychological hardiness

4.3.1 The comparison of psychological hardiness levels of the experimental group children before and after receiving group counseling

It was found that after receiving group counseling based on the integrated group counseling model, the children with physical disabilities in the experimental group had the psychological hardiness median score higher than their pre-experiment counterpart median score at the .01 level of statistical significance. This might be partly due to the willingness of the children to receive the group counseling. It made the children in the experimental group to have the commitment to develop themselves to the maximum level. As Trotzer (1999) mentioned that the decision of the group leader to choose group members based on their voluntariness would encourage them to develop themselves effectively. Also, the integrated group counseling model which was developed by the researchers was considered to be not only the quality instrument but also to have all components of psychological hardiness including commitment, control, and challenge. Furthermore, the model had integrated various techniques from related and relevant psychological counseling theories.

4.3.2 The comparison of the post-experiment psychological hardiness levels of the experimental group and the control group children

It was found that after receiving the integrated group counseling, the post-experiment psychological hardiness median score of the experimental group children was significantly higher than the counterpart median score of the control group children at the .05 level of statistical significance. This was probably due to the experimental group receiving the integrated group counseling model which had high quality. The model was verified by the experts who had experience in group counseling. The model had processes and integrated techniques from the relevant group counseling theories as mentioned above. On the contrary, the control group received only usual guidance information from the school. Thus, the psychological hardiness was not enhanced in the control group.

CONCLUSION

This is an original research study about psychological hardiness in the children with physical disabilities in Thailand. We developed two forms of questionnaire for assessing psychological hardiness and an integrated group counseling model to enhance psychological hardiness of these children. These questionnaires and this model were the original and high quality instruments. It could also be used to assess and enhance psychological hardiness in the children with physical disabilities in other areas.

Further research is expected to generalize the data by extending the scope of research on other places. We also suggest the qualitative research method should be conducted to explore other psychological problems to help these children via the use of integrated group counseling because results from our pilot study indicated that these children still had other psychological problems.

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