Araştırma Makalesi

Pamukkale Üniversitesi Eğitim Fakültesi Dergisi,51, 428-448 [2021]
doi:10.9779/pauefd.685393

The Effects of the Social Problem-Solving Program on Adolescents in Institutional Care*

Ayşegül ERÇEVIK[1] , Serhat ARMAĞAN KÖSEOĞLU [2]

• ***Received:*** *06.02.2020* • ***Accepted:*** *26.04.2020* • ***Online First:*** *09.10.2020*

Abstract

This study included a quasi-experimental design with pre and post-test control groups to examine the effectiveness of the Social Problem-Solving Program (SPSP) on adolescents in institutional care. Data from 12 adolescents in the institutional care of the Turkish Provincial Directorate of Family and Social Policies in Amasya, six of them were in the experimental, and the rest of them were in the control group are presented. The Interpersonal Problem-Solving Inventory (IPSI) was used as a measuring tool. The SPSP was applied in 10 sessions, 90 minutes a day per week. In the analysis to identify the effects of the SPSP, it was found that the experimental group's approach to the problem negatively has decreased significantly, and constructive problem-solving and insistent-persevering approach scores have increased significantly after the program. Nevertheless, there are no effects on a lack of self-confidence and unwillingness to take responsibility. Based on this information, although it is seen that SPSP's social problem-solving of the adolescent in institutional care have significant contributions; it is thought that repeating the research in larger samples may yield more effective results, organizing training to understand and express emotions in the schools where they receive education, and increasing the number of sessions can contribute positively to their social problem-solving skills.

Keywords: adolescent in institutional care, social problem-solving, the social problem-solving program, children in need of protection.

Cited:

Erçevik, A., & Köseoğlu, S. A. (2021). The effects of the social problem-solving program on adolescents in institutional care. *Pamukkale University Journal of Education, 51*, 428-448.doi:10.9779/pauefd.685393.

*This study relies on the Ayşegül Erçevik's Ph.D. dissertation which supervised by the S. Armağan Köseoğlu, accepted on November 27, 2018 İstanbul University-Cerrahpasa, Institute of Graduate Studies, Istanbul, Turkey.

[1] Dr., Amasya University, aysegulercevik@amasya.edu.tr , ORCID ID: 0000-0003-3697-458X

[2] Assoc. Prof. Dr., Istanbul University-Cerrahpasa, armagany@istanbul.edu.tr, ORCID ID: 0000-0001-7794-9650

Introduction

In most circumstances requiring protection is caused by unstable poorly-resourced economics (Han, Ssewala, & Wang, 2013). Recently increasing economic crises have been among the most important reasons for the protection of children in Turkey. Other causes are child maltreatment, parental illness, parental death, divorce, move from country to urban areas, and also migration between countries because of war (Foster, & Sherr, 2007; Kesen, & Deniz, 2005; Nyoni, Nabunya, & Ssewamala, 2019; Okawa et al., 2011). Requiring protection has some risks and adverse effects on children. Such children have been through noticeable negative experiences and grown-up without their parents, who have an important people in one's growth, which causes stress on them (Levey et al., 2016; Okawa et al., 2011). Therefore, adolescents in institutional care constitute a group that is considered "students at risk" in the literature review. The conducted studies revealed that they have many disadvantages compared to their peers who live with parents. It is reported that the average of their academic achievement, self-esteem, social skill, and adaptation levels are lower than that of their peers (Sloutsky, 1997), whereas the levels of pessimism, anxiety, depression, and hopelessness are higher than that of their peers (Cluver, & Gardner, 2007; Tümkaya, 2005). Foster and Sherr (2007) stated that being in need raises risks like child labor, child maltreatment, drug and alcohol abuse, etc. These risks affect children in need of protection's views, quality, and skills of life negatively.

World Health Organization (WHO) states life skills facilitate adaptation to life. Life skills are positive and adaptive skills for an individual coping with daily life needs and challenges effectively. WHO refers to 3 main components of life skills. These are *coping, communication, interpersonal skills,* and *problem-solving skills* (WHO, 2003, p. 9). These skills are noted to be interrelated and crucial skills that children and adolescents take an active position against the difficulties of life (WHO, 2003).

Researchers point out that children in need of protection are in a more disadvantaged position against the situations they encounter in their daily lives. The high child-to-caregiver ratio causes children to need protection to have minimal contact with caregivers (Merz, & McCall, 2010). In Turkey, children in institutional care communicate with people in charge of these children, called teachers, and 3-4 caregivers who deal with ten children. This, as a result, limits the chances to observe different role models for coping with the

problems encountered in social life and is not as effective as positive parental assistance in social issues. Social problem-solving is an important domain of life skills.

Many researchers have discussed the concept of problem-solving. Heppner and Petersen (1982, p. 580-581) stated that the problem's concept was first seen as questions to be with mathematical theorems and rules. They added that life problems are different and more complicated from laboratory problems. A problem is an inconsistency between the individual's current state and the desired state. This inconsistency results from various barriers to the way individuals try to achieve their goals (D'Zurilla, & Nezu, 2006, p. 4). Problem-solving is considered a cognitive skill, involves applying the rules learned through previous experiences, finding and implementing new solutions to problems or obstacles encountered in life (Korkut, 2002).

According to the social problem-solving theory, social problem-solving refers to adapting individuals to the social environment in real life. It is highlighted that as it is likely that an individual is affected by all of the personal, interpersonal, and social problems., these domains should be taken into consideration in problem-solving. The approaches to cope with difficulties under stressful situations consist of two general but partially independent dimensions. These dimensions are referred to as *problem orientation* and *problem-solving styles*.

The problem orientation dimension involves individuals' perceptions of problems and their skills against problems. It is stated that individuals with a positive attitude towards problem and their problem-solving skills tend to solve problems rationally (rational problem-solving) or in a planned manner, whereas individuals who have negative attitudes have impulsivity-carelessness or avoidance style (D'Zurilla, Nezu, & Maydeu-Olivares, 2004; Nezu, Nezu, & D'Zurilla, 2013).

Problem-solving styles are cognitive-behavioral activities that occur when an individual attempts to solve or deal with a problem. These are *rational* or *planned problem-solving*, *avoidance problem-solving*, *impulsivity-carelessness problem-solving* (D'Zurilla, Nezu, & Maydeu-Olivares, 2004; Nezu, 2004). It is stated that individuals with a *rational problem-solving style* can implement their effective problem-solving skills systematically to difficult circumstances. Individuals with *impulsivity-carelessness styles* are sudden and inobservant while solving a problem. These individuals who constitute the limited number of alternatives for problem solutions apply the first solution to their minds. Individuals with *avoidance problem-solving style* are more likely to postpone the problem-solving and, if

possible, expect the problems to be solved spontaneously or by others (D'Zurilla, & Nezu,2006; D'Zurilla, Nezu, & Maydeu-Olivares, 2004).

Children in institutional care have poor problem-solving skills (Lata, & Shukla, 2012), and they are reported to have more problems, especially with their peers (Salifu Yendork, & Somhlaba, 2015). In a study conducted by Karabulut and Ulucan (2011, p. 234), it was found that children in institutional care with the highest average scores belong to hasty (impulsivity-carelessness) problem-solving orientation. In Bedel and Işık's study (2015), it was found that level of social problem-solving differed in terms of having both parents and being a single parent, and it is stated that individuals with a single parent adopted a more negative orientation to problem-solving. Moreover, it is indicated that traumas experienced in childhood affect the individual's problem-solving processes negatively (Dereli-İman, 2015).

Although it is emphasized that there are many disadvantages for adolescents in institutional care, the studies to reduce such disadvantages are limited. Besides, there are limited researches about social problem skills on children in need of protection. Therefore, it is thought that there is a need for studies that will increase the adaptation level of individuals in need of protection. Based on these considerations, the Social Problem-Solving Program (SPSP), which was created to improve adolescents' social problem-solving skills in institutional care, is examined.

Hypotheses

1. There are no significant differences between the experimental and control groups' pre-test scores of Interpersonal Problem-Solving Inventory' sub-scales (IPSI).
2. There are significant differences between the experimental group's pre and post-tests of IPSI' sub-scales on behalf of post-test scores.
3. There are no significant differences between the control group's pre and post-test scores of the IPSI's sub-scales.
4. There are significant differences between the experimental and control groups' post-test scores of IPSI' sub-scales on behalf of the experimental group.

Method

This study was designed based on the quasi-experimental pattern to analyze the effectiveness of the SPSP for improving the level of social problem-solving skills of adolescents in institutional care. A quasi-experimental pattern with pre and post-test control

group is a commonly used pattern within the experimental designs. This pattern includes a comparison between a group who was exposed to the intervention and a group who was not to determine the effect of the intervention (Campbell, & Stanley, 1963, p. 12).

Participants

This study was conducted in institutions affiliated to the Provincial Directorate of Family and Social Policies in Amasya in the 2017-2018 academic year. After obtaining official permission from The Ministry of Family and Social Policies, researchers reached 38 voluntary adolescents, which form the population of the intended study. After administering the IPSI on the population, nine of the participants were considered ineligible, where 5 would have had to leave because they were about to be at the age of 18, and 4 were adolescents with special needs not involved in the experimental and control groups. The participants were disturbed into the groups considering IPSI's sub-scales scores, gender, and institutional criteria (child home, children's home site). Each group was initially composed of 10 participants. Each member was informed about the group process and asked about their consent for voluntary participation. One participant from the experimental group reported that he did not want to be in the group process two weeks after the start of the process, and 1 of them frequently discontinued; 2 of them were reported as they were with special needs when in the group process progress, because of using the matching procedure for sampling same number of participants excluded from data analysis. Since the sample of the adolescents was composed of 12 participants, 6 of whom are in the experimental and 6 of whom are in the control group. There are three girls (50%) and three boys (50%) in the experimental group, and the average age is 16.5 (*SD*= 1.05). Besides, there are three girls (50%) and three boys (50%) in the control group, and the average age is 15.83 (*SD*=0.98).

Data Collection Tool

Interpersonal problem-solving inventory (IPSI)

In the current study, the IPSI was used as a data collection tool to examine the effectiveness of the SPSP. IPSI was developed by Çam and Tümkaya (2007) to assess the problem-solving skills of the adult sample, was found valid and reliable to be applied to the adolescent sample by Çam and Tümkaya (2008). IPSI is a five-point Likert scale (*1 disagree strongly, 2 agree a little, 3 agree, 4 agree mostly, 5 agree strongly*) consisting of 50 items and 5 sub-scale. The sub-scales consist of *approaching problems in a negative way* (APNW), *constructive problem-solving* (CPS), *lack of self-confidence* (LSC), *unwilling to take responsibility* (UTR), and *insistent-persevering approach* (IPA). Scale's internal

consistency of scales varies between .67-89, whereas the test-retest stability factors vary between .67-84.

Procedure

After composing groups, SPSP consisting of 10 sessions, was applied one day per week. The last two sessions were applied three days apart in the same week. In the last session, IPSI (Çam, & Tümkaya, 2007) was used as a post-test. Post-tests of the control group were conducted in-premises within the same week.

In the creation process of the SPSP, the literature review was done, and the program had been created based on social problem-solving theory. Creative drama activities were used in the warm-up and closing activities of sessions. An expert appraised session; after that, the sessions' final state was formed based on suggestions. The SPSP was applied between April-July 2018.

Social problem-solving program

SPSP for adolescents in institutional care was applied in 10 sessions based on the social problem-solving pattern. Sessions were applied for 90 minutes a day per week. Creative drama and psychodrama activities were used in the warm-up and closing activities. Sessions are listed as follows:

1st session Introduction and structuring: This session included activities for group members to meet each other and make decisions about the group processes rules.

2nd session Our Problems: The concept "problem" was defined; members stated problems in their lives and the degree of influence of those problems in this session. Only 3 of the group members joined this session.

3rd session Our Problems and The Steps We are Using for Solution: Since the previous session was joined by few members of groups, defining the concept of problem, expressing life problems, and their degree of influence in terms of the problem was repeated. Then, the problem-solving process was described through examples.

4th session Our Attitudes: In this session, the participants were asked to express their common problem responses. Afterward, they determined their problem-solving orientations and styles through the information given to them. The group leader made them think about problem-solving behaviors through 3 different cases in which each of them were included one problem-solving style.

5th session The Problem, Thoughts, and Emotions: ABC model was received by example cases and asked them to do the process for their life. Then rational beliefs, emotions, and rational thinking rules were received.

6th session Separation of Facts from Assumptions and Emotion Management: A photograph of a man's was used to make the members think about who he was and what his characteristics were like. Then the correct information was given about him. Hypothetic thinking was received via members' thoughts and real information about him. This process was repeated with a sample case.

7th session Describing Problems: This session included describing their problems correctly without assumptions, emotions, and thinking solutions.

8th session Generating Solutions: Visualization was used to make members think that their specific problem would be solved. With the help of this, they feel to generate solutions by using brainstorming.

9th session Evaluating Solutions and Developing Action Plan: Criteria for evaluating solutions were received and asked to assess solutions generated in the previous session. Members chose the resolution, which was thought to be the most effective, and they set up an implementation plan.

10th session Letter from The Future and Farewell: A letter with their comments and experiences during the group process was asked. The group leader wanted them to visualize their last day in the institution in Turkey and made them think about their first day in their own home, then asked them to write a letter from that day to the present time. Finally, IPSI was applied to members, and sessions were ended with a farewell.

Statistical Analyses

The obtained data were analyzed using SPSS 20.0 software. The independent variable of the study is the scores from ten sessions SPSP. In contrast, the dependent variable is the IPSI's sub-scales scores, and both administered for the adolescents in institutional care. Non-parametric techniques were used in the data analysis due to the number of participants in groups. Fagerland (2012) stated that Wilcoxon-Mann-Whitney Tests are useful studies with small samples. Wilcoxon- Mann-Whitney Test gives powerful results for studies with small sample size, like 4-6 participants (Zimmerman, 2000). Considering these opinions, the Wilcoxon Signed Rank Test was used to compare pre and post-test scores for intra-group scores, and for the intergroup scores, the Mann-Whitney U test was used. In line with

Büyüköztürk (2011, p.27) to examine the effectiveness of the SPSP's, Mann Whitney U Test is used to compare the difference between "*difference scores between pre-tests and post-test scores of experimental group and difference scores between pre-tests and post-test scores of control groups"*"

Results

This section presents the mean and standard deviations for scores of the experimental and control groups in IPSI's sub-scales scores', statistical results of the hypothesizes tested.

Table 1. *Mean and the Standard Deviations of Groups' Pre-Tests and Post-Tests Scores*

			Pre-test		**Post-test**	
Sub-scales	**Score**	**N**	**Mean**	**SD**	**Mean**	**SD**
APNW	Experimental	6	41.00	7.16	29.17	3.60
	Control	6	40.67	10.56	41.50	9.97
	Total	12	40.83	8.60	35.33	9.62
CPS	Experimental	6	45.50	6.28	60.67	10.05
	Control	6	47.00	9.36	46.50	10.56
	Total	12	46.25	7.64	53.58	12.30
LSC	Experimental	6	16.67	3.14	16.17	2.32
	Control	6	15.00	4.05	16.33	6.06
	Total	12	15.83	3.56	16.25	4.37
UTR	Experimental	6	13.83	2.71	14.17	2.71
	Control	6	15.50	4.81	13.33	6.02
	Total	12	14.67	3.82	13.75	4.47
IPA	Experimental	6	16.33	2.07	23.17	3.43
	Control	6	19.00	2.28	21.50	3.45
	Total	12	17.67	2.50	22.33	3.39

Note: APNW: Approaching Problems in a Negative Way, CPS: Constructive Problem-Solving, LSC: Lack of Self-Confidence, UTR: Unwilling to Take Responsibility and IPA Insistent-Persevering Approach.

1st Hypothesis: There are No Significant Differences Between The Experimental and Control Groups' Pre-Test Scores of IPSI' Sub-Scales.

Table 2. *Results of Mann Whitney U Tests on Pre-test Scores*

Sub-scales	Group	N	Mean Ranks	Sum of ranks	U	z	p
APNW	Experimental	6	6.92	51.5	15.5	.40	.69
	Control	6	6.08	36.5			
	Total	12					
CPS	Experimental	6	6.58	39.5	17.5	-.08	.94
	Control	6	6.42	38.5			
	Total	12					
LSC	Experimental	6	7.17	43	14	-.65	.52
	Control	6	5.83	35			
	Total	12					
UTR	Experimental	6	6.5	39	18	.00	1
	Control	6	6.5	39			
	Total	12					
IPA	Experimental	6	4.58	27.50	6.5	-1.88	.06
	Control	6	8.42	50.50			
	Total	12					

The statistical analysis of differences between the sub-scales of IPSI's pre-test scores on the experimental and control groups are shown in the Table 2. There are no significant differences between the pre-test scores of *APNW* (U=15.5, z=.40, p> .05), *CPS* (U=17.5, z= -.08, p> .05), *LSC* (U=14, z=-.65, p> .05), *UTR* (U=18, z=.00, p> .05) and *IPA* (U=6.5, z= -1.88, p> .05) which are sub-scales of IPSI of the experimental and control groups (p > .05).

2nd Hypothesis: There are Significant Differences Between The Experimental Group's Pre-Test and Post-Tests of IPSI' Sub Scales on Behalf of Post-Test Scores.

Table 3. *Results of Wilcoxon's Signed Ranks Tests on the Experimental Group's Pre and Post-Test Scores*

Sub-scales	Score	Ranks	N	Mean Ranks	Sum of ranks	Z	p
APNW	APNW Post-test experimental-APNW Pre-test Experimental	Negative Ranks	6	3.50	21.00	-2.20	.03
		Positive Ranks	0	.00	.00		
		Equal	0				
		Total	6				
CPS	CPS Post-test experimental-CPS Pre-test Experimental	Negative Ranks	0	.00	.00	-2.20	.03
		Positive Ranks	6	3.50	21.00		
		Equal	0				
		Total	6				
LSC	LSC Post-test experimental-LSC Pre-test Experimental	Negative Ranks	3	3.00	9.00	-.41	.69
		Positive Ranks	2	3.00	6.00		
		Equal	1				
		Total	6				
UTR	UTR Post-test experimental-UTR Pre-test Experimental	Negative Ranks	2	2.50	5.00	.00	1.00
		Positive Ranks	2	2.50	5.00		
		Equal	2				
		Total	6				
IPA	IPA Post-test experimental-IPA Pre-test Experimental	Negative Ranks	0	.00	.00	-2.21	.03
		Positive Ranks	6	3.50	21.00		
		Equal	0				
		Total	6				

Table 3 indicates the result of the analysis differences between the pre-test and post-test scores on the IPSI's sub-scales of the experimental groups. While there are significant differences on behalf of the post-tests in *APNW* (z=-2.20, p< .05), *CPS* (z=-2.20, p< .05) and *IPA* (z=-2.21, p< .05) on sub-scale of the experimental group; there is no statistically

significant difference between the pre-test and post-test scores of *LSC* (*z*=-.41, *p*> .05) and *UTR* (*z*=.00, *p*> .05). According to this, after the SPSP has been applied, it can be said that the levels of *CPS* and *IPA* have increased and the *APNW* levels of adolescents in need of protection in the experimental group have decreased.

3rd Hypothesis: There are No Significant Differences Between The Control Group's Pre-Test and Post-Test Scores of The IPSI's Sub-Scales.

Table 4. *Results of Wilcoxon's Signed Ranks Tests on the Control Group's Pre-test and Post-Test Scores*

Subscales	**Score**	**Ranks**	**N**	**Mean Ranks**	**Sum of ranks**	**Z**	**p**
APNW	APNW Post-test control - APNW Pre-test Control	Negative Ranks	2	2.75	5.50	-.54	.59
		Positive Ranks	3	3.17	9.50		
		Equal	1				
		Total	6				
CPS	CPS Post-test control – CPS Pre-test Control	Negative Ranks	4	2.50	10.00	-.69	.49
		Positive Ranks	1	5.00	5.00		
		Equal	1				
		Total	6				
LSC	LSC Post-test control – LSC Pre-test Control	Negative Ranks	3	2.00	6.00	-.41	.68
		Positive Ranks	2	4.50	9.00		
		Equal	1				
		Total	6				
UTR	UTR Post-test control – UTR Pre-test Control	Negative Ranks	5	3.00	15.00	-.95	.34
		Positive Ranks	1	6.00	6.00		
		Equal	0				
		Total	6				
IPA	IPA Post-test control – IPA Pre-test Control	Negative Ranks	1	2.00	2.00	-1.51	.13
		Positive Ranks	4	3.25	13.00		
		Equal	1				
		Total	6				

In Table 4, the differences between the IPSI's sub-scales pre-test and post-test scores of the control group were evaluated. There are no statistically significant differences between the pre-test and post-test scores between *APNW* (z=-.54, p> .05), *CPS* (z=-.69, p> .05), *LSC* (z=-.41, p> .05), *UTR* (z=-.95, p> .05) and *IPA* (z=-1.51, p> .05) sub-scale on the control group's IPSI.

4th Hypothesis: There are Significant Differences Between The Experimental and Control Groups' Post-Test Scores of IPSI' Sub-Scales on Behalf of The Experimental Group.

Table 5. *Results of Mann Whitney U Tests on Post-test Scores of Groups.*

Sub-scales	Group	N	Mean Ranks	Sum of ranks	U	Z	p
APNW	Experimental	6	3.50	21.00	.00	-2.88	.004
	Control	6	9.50	57.00			
	Total	12					
CPS	Experimental	6	9.00	54.00	3.00	-2.42	.016
	Control	6	4.00	24.00			
	Total	12					
LSC	Experimental	6	6.42	38.50	17.50	-.08	.936
	Control	6	6.58	39.50			
	Total	12					
UTR	Experimental	6	8.50	51.00	6.00	-1.93	.053
	Control	6	4.50	27.00			
	Total	12					
IPA	Experimental	6	8.50	51.00	6.00	-1.93	.053
	Control	6	4.50	27.00			
	Total	12					

In Table 5, there is the evaluation of the differences between the groups' post-test and pre-test scores' difference scores on the sub-scales of the IPSI. According to the findings, there were significant differences on behalf of the experimental group's difference scores in the *APNW* (U= .00, z=-2.88 p<.01) and *CPS* (U=3.00, z= -.2.42, p< .05) sub-scales

of the IPSI, while there were no statistically significant differences between the difference scores on the experimental and control groups in the *LSC* (*U*=17.50, *z*=-.08, *p*> .05), *UTR* (*U*=6.00, *z*=-1.93, *p*> .05) and *IPA* sub-scales (*U*=6.00, *z*=-1.93, *p*> .05). Additionally, Table 5 indicates that the adolescents in institutional care with the SPSP compared with the control group, the *APNW* levels decreased, and the *CPS* levels increased.

Discussion

According to the current study results, the SPSP has significant effects on adolescents in institutional care's social problem-solving skills; their APNW has decreased while their CPS and IPA have increased. However, there were no significant effects on their LSC and UTR.

Adolescence is a life period that is commonly experienced different problems such as depression, anxiety, and substance abuse are common, and that stress is experienced intensively. In this period, it is emphasized that parents' support and monitoring them have protective effects on problematic behaviors (Fletcher, Steinberg, & Williams-Wheeler, 2004; Pettit et al., 2001). In the studies carried on adolescents who have to be grown up without the support and control of their parents, it has been observed that they experience these problems at a higher rate compared to their peers who live with their parents at home (Atwine, et al., 2005; Kortenkamp, & Ehrle, 2002; Shin, 2005; Vorria et al., 2006). Besides, the majority of adolescents in institutional care come from traumatic experiences. Separation from parents can be considered as major trauma, and experiences such as violence in the family, divorce, abandonment, financial inadequacies, negligence, and abuse also have important effects on them (Erol, Şimşek, & Münir, 2010; Roy, Rutter, & Pickles, 2000). It is indicated that such destructive experiences in childhood can be negatively reflected in individuals' problem-solving skills. These experiences negatively affect the problem-solving steps, thereby causing non-functional problem-solving styles (Dereli- İman, 2015).

In psychoeducation assessment and treatment studies based on social problem-solving approach, it is indicated that a positive view both in the problems and individuals' thoughts about themselves, others, and lives are as important as in cognitive structuring in the problem-solving process (Palermo et al., 2016, p. 5). It is stated that in social problem-solving, negative approaches to the problem and impulsive-carelessness and avoidance styles are important predictors of parameters such as adaptation problem, depression, anxiety, alcohol use, and aggression (Anderson, Goddard, & Powell, 2011; Bell, & D'Zurilla, 2009; Chang, D'Zurilla, & Sanna, 2009; McMurran, Blair, & Egan, 2002). It is

found that positive approaches to the problem, on the other hand, are important predictors of subjective well-being, social competence, and functional coping strategies. (De la Fuente et al., 2018; Erözkan, 2013). Therefore, it is considered that the effects such as increasing the positive approaches to the problem, supporting the constructive problem-solving style, and reducing negative approach to the problem of SPSP applied to the adolescents in institutional care may be protective against the risks that may arise in the present or future. In a study conducted by Bedel and Arı (2011), it was found that the program based on social problem-solving reduced the levels of *APNW* and increased the levels of *CPS* and *IPA* of adolescents staying in the orphanage. However, there were no effects on the sub-scales of *LSC* and *UTR*.

In the studies conducted on the adolescents in institutional care, it is known that the self-confidence of these individuals is lower compared with their peers living with their parents (Asif, 2017; Fawzy, & Fouad, 2010; Priyanka, Parasar, & Dewangan, 2018; Youngleson, 1973). The self-confidence of adolescents in institutional care may be negatively affected due to their traumatic experiences. In many studies, it is stated that traumatic stories in childhood have an important connection with the level of self-confidence (Baydemir et. al., 2014; Mohammadzadeh et al., 2018; Toker et al., 2011).

Children in need of protection's complying with social rules and school rules, absenteeism, attention, and homework problems are common (Kortenkamp, & Ehrle, 2002; Şimşek, et al., 2008; Zetlin, Weinberg, & Shea, 2010). According to Durualp and Çiçekoğlu (2013), it is stated that the rate of the groups whose academic success is average and low is 45%, and the rate of non-attendance to school rate is 21%. Although these findings are not a direct indicator of the attitudes towards homework assignments in the present study, it is thought that it explains their negative attitudes towards it. It was seen that teachers' attendance, success, and problems had an important role among the problems addressed by the participants during the study. It is assumed that these negative attitudes towards homework may be an indicator of the lack of change, especially in *UTR* scores of the adolescents in institutional care.

In cognitive-behavioral therapy approaches, homework assignments are important instruments used in individual and group therapy. As they are used to examine the cognition that causes a negative approach to the problem and to create alternatives for changing these cognitions. Also, homework assignments are used to help the individuals' mastering these skills which they need in their daily life (Beck, & Tompkins, 2007; Dobson, & Dozois,

2010, p. 11). It was found that the counselees' willingness about the homework assignments had effects on increasing the positive results of the therapy (Neimeyer et al., 2008). Therefore, it is thought that in this study, the lack of opportunity to gain more experience via homework assignments negatively affected the role of the SPSP's role in reducing *LSC* and *UTR* styles.

Conclusion

In conclusion, the SPSP is thought to be effective in reducing the *APNW,* which expresses the attitude towards the problem, increases the IPA, and develops the CPS skills, which are accepted as functional problem-solving styles for the lives of the individuals. Also, it is considered necessary to increase the number of sessions and experience opportunities for social problem-solving to affect LSC and UTR levels due to the negative effects of the need for protection. Based on this information, limitations, and recommendations for future researches are as follows:

- The loss of participants and experiments with the small sample is among the limitations of this study. The groups in bigger sizes can give us powerful results; however, participants' loss is a common problem in psychological studies.
- It is observed that adolescents in need of protection had difficulty in expressing their feelings and thoughts during the program process. School counselors working in schools or social workers should conduct studies on recognizing, understanding and expressing individuals' emotions in institutional care before therapy-based groups.
- It is observed that studies in the child welfare area based on social problem-solving therapy are limited. Therefore, it is suggested that experimental studies based on social problem-solving therapy will provide more information about the effects of the approach on children in institutional care sample.
- It is suggested that the number of sessions in social problem-solving programs to be organized can be increased, which will develop the effectiveness in all scales of social problem-solving by facilitating the learning of problem-solving processes and techniques.

References

Atwine, B., Cantor-Graae, E., & Bajunirwe, F. (2005) Psychological distress among AIDS orphans in rural Uganda. *Social Science and Medicine, 61,* 555–564.

Anderson,R.J., Goddard, L., & Powell, J.H. (2011). Social problem-solving and depressive symptom vulnerability: The importance of real-life problem-solving performance. *Cognitive Therapy Research, 35*, 48-56.

Asif, A. (2017). *Self-esteem and depression among orphan and non-orphan children*. Dubai UAE: MedCrave Group.

Baydemir, C., Açıkgöz, A., Derince, D., Kaya, Y., Ongun, E., & Kok, H. (2014). The effect of childhood trauma life on self-esteem in school of health students in a province of western Turkey. *Life Science Journal, 11*(11), 749-158.

Beck, S.J., & Tompkins, M.A. (2007). Cognitive therapy. In N. Kazantzis, & L. L'Abate (Eds.) *Handbook of homework assignment in psychotherapy* (pp.51- 65). New York: Springer.

Bedel, A., & Arı, R. (2011). Kişiler arası sorun çözme beceri eğitiminin yetiştirme yurdunda yaşayan ergenlerin yapıcı problem çözme ve sürekli öfke düzeylerine etkisi. *PEGEM Eğitim ve Öğretim Dergisi, 1*(4), 1-10.

Bedel, A., & Işık, E. (2015). A comparison of interpersonal problem solving and life satisfaction level between students with single parents and two parents. *Journal of Theoretical Educational Science, 8*(1), 70-85.

Bell, A.C., & D'Zurilla, T.J. (2009). The influence of social problem-solving ability on the relationship between daily stress and adjustment. *Cogn Ther Res, 33*, 439- 448.

Büyüköztürk, Ş. (2011). *Deneysel desenler: Öntest-sontest kontrol grubu desen ve veri analizi* (3. Baskı). Ankara: Pegem Akademi.

Campbell, D.T. & Stanley, J.C.(1963). *Experimental and quasi-experimental designs for research*. Houghton Mifflin Company.

Chang, E.D., D'Zurilla, T.J., & Sanna, L.J. (2004). Introduction: Social problem solving for real world. In E.D. Chang, T.J. D'Zurilla, & L.J. Sanna (Eds.), *Social Problem Solving: Theory, Research and Training* (pp. 1-10). Washington DC: APA.

Cluver, L., & Gardner, F. (2007). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care, 19*(3), 318–325. DOI: 10.1080/09540120600986578

Çam, S., ve Tümkaya, S. (2007). Kişilerarası Problem Çözme Envanteri'nin (KPÇE) geliştirilmesi: Geçerlik ve güvenirlik çalışması. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 3*(28), 95-111.

Çam, S. ve Tümkaya, S. (2008). Kişilerarası Problem Çözme Envanteri lise öğrencileri formu'nun geçerlik ve güvenirlik çalışması. *Uluslararası İnsan Bilimleri Dergisi, 5*(2), 1-17.

De la Fuente, A., Chang, E.C., Cardenoso, O., & Chang, O.D. (2018). Examining coping strategies used by Spanish female social work students: Evidence for importance of social problem solving abilities. *Social Work Education, 37*(7), 1-17. DOI: 10.1080/02615479.2018.1504913

Dereli-İman, E. (2015). Ergenlerin çocukluk örselenme yaşantıları ile empatik eğilim, sosyal sorun çözme becerileri arasındaki ilişki. *PEGEM Eğitim ve Öğretim Dergisi, 5*(3), 235-256.

Dobson, K.S., & Dozois, D.J.A. (2010). Historical and philosophical bases of the cognitive-behavioral therapies. In K.S. Dobson (Eds.), *Handbook of cognitive- behavioral therapies* (3.ed.) (pp. 3-38). New York: The Guilford Press.

Durualp, E., & Çiçekoğlu, P. (2013). Yetiştirme yurdunda kalan ergenlerin yalnızlık düzeylerinin internet bağımlılığı ve çeşitli değişkenler açısından incelenmesi. *Dokuz Eylül Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 15*(1), 29-46.

D'Zurilla, T.J., Nezu, A.M., & Maydeu-Olivares, A. (2004). Social problem solving: Theory and assessment. In E.C.Chang, T.J. D'Zurilla ve L.J. Sanna (Eds.), *Social problem solving: Theory, research and training* (pp.11-27). Washington DC: APA.

D'Zurilla, T.J., & Nezu, A.M. (2006). *Solving life's problems: A 5-step guide to enhanced well-being*. Springer Publishing Company.

Erol, N., Şimşek, Z., & Münir, K. (2010). Mental health of adolescents reared in institutional care in Turkey: Challenges and hope in the twenty-first century. *Eur Child Adolesc Psychiatry, 19*(2), 113-124.

Erözkan, A. (2013). İletişim becerileri ve kişilerarası problem çözme becerilerinin sosyal yetkinliğe etkisi. *Kuram ve Uygulamada Eğitim Bilimleri, 13*(2), 731-745.

Fagerland, M. W. (2012). t tests, non-parametric tests, and large studies-a paradox of statistical practice? *BMC Medical Research Methodology*, *12*(78), 1-7.

Fawzy, N., & Fouad, A. (2010). Psychosocial and developmental status of orphanage children: Epidemiological study. *Current Psychiatry*, *17*(2), 41-48.

Fletcher, A.C., Steinberg, L., & Williams-Wheeler, M. (2004). Parental influences on adolescent problem behavior: Revisiting Stattin and Kerr. *Child Development*, *75*(3), 781-796.

Foster, G., & Sherr, L. (2007). Vulnerability and resilience of children and youth. *Vulnerable Children and Youth Studies [Editorial]*, *1*(1),1-1. DOI:10.1080/17450120600793645

Han, C., Ssewamala, F. M., & Wang, J. S. (2013). Family economic empowerment and mental health among AIDS-affected children living in AIDS-impacted communities: Evidence from a randomised evaluation in southwestern Uganda. *Journal of Epidemiology and Community Health*, *67*(3), 225–230.

Heppner, P. P., & Petersen, C.H. (1982). The development and implications of a personel problem solving inventory. *Journal of Conselling Psychology*, *29*(1), 66-75.

Karabulut, E. O., & Ulucan, H. (2011). Yetiştirme yurdunda kalan öğrencilerin problem çözme becerilerinin çeşitli değişkenler bakımından incelenmesi. *Ahi Evran Üniversitesi Eğitim Fakültesi Dergisi*, *12*(1), 227-238.

Kesen, N. F., & Deniz, M. E. (2005). Yetiştirme yurtlarında kalan ergenlerin kuruluşa geliş nedenlerinin incelenmesi. *M.Ü. Atatürk Eğitim Fakültesi Eğitim Bilimleri Dergisi, 22*, 185-198.

Korkut, F. (2002). Lise öğrencilerinin problem çözme becerileri. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, *22*, 177-184.

Kortenkamp, K., & Ehrle, J. (2002). The well-being of children involved with child welfare system: A national review. New Federalism: National survey of America's families, Series B, No. B-43. Assessing the new federalism: An Urban Institute Program to assess changing social policies.

Lata, S., & Shukla, A. (2012). The effects of social skills training on young orphan girls. *Social Science International, 28*(1), 27-40.

Levey, E. J., Oppenheim, C. E., Lange, B. C., Plasky, N. S., Harris, B. L., Lekpeh, G. G. et. al. (2016). A qualitative analysis of factors impacting resilience among youth in post-conflict Liberia. *Child and Adolescent Psychiatry and Mental Health, 10*(1), 10-26.

McMurran, M., Blair, M., & Egan, V. (2002). An investigation of correlations between aggression, impulsiveness, social problem-solving, and alcohol use. *Aggressive Behavior, 28*, 439-445.

Merz, E. C. & McCall, R. B. (2010). Behaviour problems in children adopted from psychosocially depriving institutions. *Journal of Abnormal Child Psychology, 38*, 459–470.

Mohammadzadeh, M., Awang, H., Shahar, H.K., & Ismail, S. (2018). Emotional health and self-esteem among adolescents in Malaysian orphanages. *Community Mental Health Journal, 54*, 117-125. DOI 10.1007/s10597-017-0128-5.

Neimeyer, R.A., Kazantzis, N., Kassler, D.M., Baker, K.D., & Fletcher, R. (2008). Group cognitive behavioural therapy for depression outcomes predicted by willingness to engage in homework, compliance with homework, and cognitive restructuring skill acquisition. *Cogn Behav Ther, 37*, 199-215.

Nezu, A.M. (2004). Problem solving and behavior therapy revisited. *Behavior Therapy, 35*, 1-33.

Nezu, A.M., Nezu, C.M., & D'Zurilla, T.J. (2013). *Problem-solving therapy: A treatment manual.* New York: Springer Publishing Company.

Nyoni, T., Nabunya, P., & Ssewamala, F. M. (2019). Perceived social support and psychological wellbeing of children orphaned by HIV/AIDS in Southwestern Uganda. *Vulnerable Children and Youth Studies, 14*(4), 351-363. DOI: 10.1080/17450128.2019.1634855.

Okawa, S., Yasuoka, J., Ishikawa, N., Poudel, K.C., Ragi, A., Jimba, M. (2011). Perceived social support and the psychological well-being of AIDS orphans in urban Kenya. *AIDS Care, 23*(9), 1177–1185.

Palermo, T.M., Law, E.F., Bromberg,M., Fales, J., Eccleston, C., & Wilson, A.C. (2016). Problem solving skills training for parents of children with chronic pain: A pilot randomized controlled trial. *Pain, 157*(6), 1213-1223.

Pettit, G.S., Laird, R.D., Dodge, K.A., Bates, J.E., & Criss, M.M. (2001). Antecedents and behavior-problem outcomes of parental monitoring and psychological control in early adolescence. *Child Dev., 72*(2), 583-598.

Priyanka, Parasar, A., & Dewangan, R.L. (2018). A comparative study of self-esteem and level of depression in adolescents living in orphanage home and those living with parents. *International Journal of Humanities and Social Science Research, 4*(2), 51-53.

Roy, P., Rutter, M., & Pickles, A. (2000). Institutional care: Risk from family back ground or pattern of rearing? *J Child Psychol Psychiarty, 41*(2), 239-149.

Salifu Yendork, J., & Somhlaba, N.Z. (2015). Problems, coping, and efficacy: An exploration of subjective distress in orphans placed in ghanaian orphanages, *Journal of Loss and Trauma, 20*(6), 509-525, DOI: 10.1080/15325024.2014.949160

Shin, S.H. (2005). Need for and actual use of mental health service by adolescents in the child welfare system. *Children and Youth Services Review, 27*(10), 1071-1083.

Sloutsky, V.M. (1997). Institutional care and developmental outcomes of 6 and 7 years old children: A contextualist perspective. *International Journal of Behavioral Development, 20*(1), 131-151.

Şimşek, Z., Erol, N., Öztop, D. & Özer Özcan, Ö. (2008). Kurum bakımındaki çocuk ve ergenlerde davranış ve duygusal sorunların epidemiyolojisi; ulusal örneklemde karşılaştırmalı bir araştırma. *Türk Psikiyatri Dergisi, 19*(3), 235-246.

Toker, T., Tiryaki, A., Özçürümez, G., & İskender, B. (2011). The relationship between traumatic childhood experiences and proclivities towards substance abuse, self-esteem and coping strategies. *Turkish Journal of Psychiatry, 22*(2), 1-9.

Tümkaya, S. (2005). Ailesi yanında ve yetiştirme yurdunda kalan ergenlerin umutsuzluk düzeylerinin karşılaştırılması. *Türk Eğitim Bilimleri Dergisi, 3*(4), 445-459.

WHO (2003). *Skills for health: Skills based health education including life skills: An important component of a Child-Friendly/Health-Promoting School.* Retrieved from

http://www.who.int/school_youth_health/media/en/sch_skills4_health_03.pdf on July 14, 2017.

Vorria, P., Papaligoura, Z., Sarafidoui, J. , Kapakki,M., Dunn, J.,Van IJzendoorn, M.H., et.al. (2006). The development of adopted children after institutional care: A follow up study. *Journal of Child Psychology and Psychiatry, 47*(12), 1246-1253.

Youngleson, M.L. (1973). The need to affiiliate and self-esteem in institutionalized children. *Journal of Personality and Social Psychology, 26*(22), 280-286.

Zetlin, A., Weinberg, L., & Shea, N.M. (2010). Caregivers, school liaisons, and agency advocates speak out the educational needs of children and youths in foster care. *Social Work, 55*(3), 245-254. DOI: 10.1093/sw/55.3.245.

Zimmerman, D. W. (2000). Statistical significance levels of nonparametric tests biased by heterogeneous variances of treatment groups, *The Journal of General Psychology, 127*(4), 354-364. DOI: 10.1080/00221300009598589.