

Effectiveness of Social Skills Training for Children with Behavior Problems: Maintenance of Skills

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Objectives: The social skills training program for children with behavior problems attending inpatient/day care program was evaluated in term of maintenance of skills one year later.

Methods: Eight boys, aged 10-14 received 11 sessions of skills training twice weekly for 6 weeks. The sessions included topics related to classroom behavior, effective communication, problem solving and coping with stress. The study of participant skills performance was measured by parents and teachers prior to and one year following training.

Results: Both parents and teachers reported significant increase in the frequency of use of these skills at 6 weeks, while parents reported maintenance of improvement a year later.

Conclusion: Social skills training is an important additional treatment to children with conduct problems. It is recommended that such training should be introduced in school curriculum as part of whole schools initiative designed to support the healthy psychosocial development of the child .

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Skills are defined as “abilities which are learned through a social learning process of observation, practice and reinforcement”¹. Social skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life². The WHO recommends social skills training or education (SST) as an important tool of producing change in attitude and behavior of people². Social Skills Training was defined by WHO as “an education that is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the protection of human rights, and the prevention of health and social problems”³. Social skills are grouped into nine major categories namely: decision making or problem solving; creative thinking; critical thinking; effective communication; interpersonal relationship; self awareness; empathy; coping with emotion and coping with stress².

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Learning skills are more complex process than learning information and its mastery only comes with experience. For instance, learning a skill such as critical thinking is accomplished by exploring the issues of social influence, stereotype and role model through the social learning process and not by a lecture.

Many countries, both developed and developing had applied the principle of social skills training to deal with a wide range of problems in adult and child populations according to their national needs. In children, SST was applied to patients who had conduct problems, developmental and intellectual impairment with a favourable outcome⁴⁻¹³.

Social Skills Training was made available to children attending the Child and Adolescent psychiatric Unit, Psychiatric Hospital, Bahrain since 1992 as a part of a structured program designed for children with mainly behavioral problems. The unit's SST was evaluated in terms of skill acquisition 6 weeks following the training¹⁴. Both parents and teachers reported a significant increase in the frequency of use of learned skills. It has always been an unsolved question whether these children will continue to use what they have learnt when they go back to live in their community. In this study we are reporting the mastery of skills one year following training.

METHOD

The study used an experimental design without a control group. The study population consisted of eight boys aged 10-14 years who suffered from severe behavioral problems at home or at school. These behaviors included non compliance to regulations, verbal and physical aggression, disruptive behavior in class and poor school performance. Admission diagnoses of study participants were oppositional defiant disorders, attention deficit hyperactivity disorder and adjustment disorder according to DSM-IV¹⁵. The study participants belonged to families with multiple health and social problems, including poverty. Children who received SST in the past, or had a diagnosis of mental retardation were excluded from the study. The children participated in eleven sessions, forty five minutes each, twice weekly for 6 weeks. The topics covered in the sessions were: listening; asking for help; saying thank you; introducing oneself - joining in; playing a game; apologizing; dealing with anger; asking permission; avoiding trouble and saying no. The training was done in two weekly sessions each lasting 45 minutes and conducted by the units primary nurses who had received training prior to their assignment to the unit. During the session, the conductor followed the four basic components of structured learning ; modeling, role playing, performance feedback and transfer of learning.

Teachers and parents filled a social skill check-list which was translated to the Arabic language¹⁶. In the check-list, the frequency of behavior was rated as almost never, seldom, sometimes, often and almost always. The check-list was introduced to the unit's nurses, childrens' parents and teachers prior to training (pretest) and 6 weeks later. Parents completed the same check list one year after SST (post-test). During this year the children did not attend the unit for follow-up. A student t-test for pairs was then used to detect the difference between the mean score of pre and post-tests .

RESULTS

Table 1 shows the mean-scores rated by parents and teachers before 6 weeks and a year after the exposure to SST. Parents continued to report an increase in the use of trained skills one year after the exposure compared to the baseline. The difference in skills performance between baseline and one year was statistically significant ($p < 0.001$).

Table 1. Ratings of Social Skills pre and post SST Program by Teachers and parents

	Mean Pre-test scores	Mean post test scores at 6 wks	Mean post test scores at 1 year	T-value	P-value
Teachers	17.56	44.69	--	8.32	<0.0001
Parents	18.25	39.75*	41.875	6.266	<0.001

*P value was <0.0001 at 6 weeks and <0.001 at 1 year

DISCUSSION

Evaluating the effectiveness of SST and skill acquisition is not frequently done because of the complexity in measuring changes in social skills¹⁷. Evaluation of SST should include a combination of quantitative and qualitative assessment. How the program is received is an important part of qualitative assessment which in return will effect the interpretation of quantitative research findings. However, without doing evaluation, it will be difficult to justify its introduction to other settings such as pre-school and school environments. The SST program under discussion is the first of its kind in the Arabian Gulf region. If SST proved to be an effective method in prevention as well as treatment of behavior problems in childhood, this will open the door to a wider range of applications such as child abuse, HIV/AIDS and problems related to the use of alcohol, tobacco and other psychoactive substances.

The study concludes that the mechanism of practicing social skills in the program seems to be highly effective in term of skill acquisition for short and long-term. The fact that most of the children were still using the learnt skills one year later adds to the effectiveness of the training method and shows what works best.

The method of training is not only an active learning process, it includes practical experience and reinforcement of the skill in a supportive learning environment . The findings of this study support the recent agreement by United Nation inter agency meeting that SST is essential for the promotion of healthy child and adolescent development, primary prevention of some cases of diseases and disability, socialization and preparing young people for changing social circumstances .

The study suffers from major pitfalls such as small sample size and lack of a control group. However, future studies should take into consideration the inclusion of a bigger sample and a comparison group.

CONCLUSION

In conclusion, social skills education is an effective adjunct treatment method to other treatment approaches in the management of behavioral problems. It promotes healthy psychosocial development if designed to address the needs of young people. Therefore, social skills education should be incorporated in school curriculum preferably early in the education process. The introduction of social skills training requires teacher training, a teaching manual and continuing support in the use of the program materials. SST can be designed to be spread across the curriculum, to be a separate subject, to be integrated into an existing subject, or a mix of all these.

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