

Effectiveness of social skills trainings (review of literature)¹

Katarína Koscelníková, Center for Research and Development of Education,
stredisko@saske.sk

Viera Lehotská, Center for Research and Development of Education,
stredisko@saske.sk

Marek Dobeš, Center for Research and Development of Education, dobes@saske.sk

KOSCELNÍKOVÁ, Katarína – LEHOTSKÁ, Viera – DOBEŠ, Marek. Effectiveness of social skills trainings (review of literature). *Človek a spoločnosť*, 2009, roč. 12, č. 3.

Social skills and social competence are important parts of good social functioning. One way how to improve social skills is through social skills trainings. The main goal of these trainings is to teach and enhance interpersonal skills that are needed for a child to be successful in social situations. First part of this review deals with concepts of social competence, social skills and social skills training. Second part describes methods that are used for measuring effects of social skills trainings and the effectiveness of social skills trainings in different groups of children.

Social skills. Social competence. Social skills training. Assessment methods. Effectiveness of social skills training.

Social Competence, Social Skills and Social Skills Training

Although social skills and competence are related concepts, they differ in some aspects. Social competence represents the ability to deal successfully with different social demands, to appropriately react, and to integrate social skills in different social situations and contexts (Spence, Donovan in Spence, 2003; Bierman, Welsh, 2000). According to Cook et al. (2008) person's social competence is derived from judgments of significant others. They judge whether a person has performed a social task competently. Children who have low social competence may experience some difficulties in everyday life such as rejection by peers, academic failure, loneliness, social dissatisfaction etc. (Parker, Asher in Maag, 2005). Related concept to social competence is social skills.

There are many definitions of social skills, but many authors agree that social skills represent behaviors, which enable to function effectively in social interactions. McFall (in Cook et al., 2008; Gáliková, 2007) and Sheridan, Walker (in Sheridan, Maughan, Hungelmann, 1999) point out that social skills are behaviors that must be taught and learned. Children learn social skills, they test them in social interactions and they receive judgments about their behavior from these social interactions. Person's behavior influences the perceptions and reactions of other people. The more a person is socially skilled, the less negative responses gets form

¹ This work was supported by the Slovak Research and Development Agency under the contract No. APVV.0274-07.

others and is more successful in social and academic functioning (Spence, 2003; Elliott, Malecki, Demaray, 2001).

There is a big amount of behavior that can be classified as social skills. Caldarella and Merrell (1997) tried to develop taxonomy of child and adolescent social skills using comparison of several studies. They identified five behavioral dimensions which occurred most frequently in reviewed studies: Peer Relations, Self Management, Academic, Compliance, and Assertion dimension. The *Peer Relations dimension* presents child who has good relationship with his or her peers. There are twelve most common social skills for example compliment or praises from peers; offering help or assistance to peers when needed; invites peers to interact or play; talks with peers for extended periods etc. Six social skills were identified in the *Self Management dimension* which reflects a child who controls his or her temper, follow rules and limits, compromise with others, and receive criticism well. The skills are for example remaining calm when problem arise or controlling temper when angry; following rules; receiving criticism well and accepting criticism from others; or responding appropriately to teasing represent these skills. In the *Academic dimension* eight primary social skills were found. This dimension reflects a child who is academically independent and productive. Child with these skills for example accomplishes tasks independently; listens to and carries out teacher directions; uses free time appropriately etc. Eight primary social skills were associated with the *Compliance dimension*. The child complies with social rules and expectations, or share things. He or she follows instructions or directions; responds appropriately to constructive criticism or when corrected etc. In the *Assertion dimension* ten primary social skills were found. This dimension reflects a child who is outgoing or extroverted. Such child initiates conversations with others; acknowledges compliments; is self-confident; questions unfair rules etc.

On theoretical level authors find the difference between social competence and social skills, but in real social situations it is hard to distinguish between these two concepts. For example, McFall suggests that social skills are performed behaviors, whereas social competence represents judgments about those behaviors (Cook et al., 2008). Spence says that social skills are important for a person to achieve social competence (Spence, 2003). The difficulty with a definition is that it is hard to identify which social behaviors should be included in social competence (Ogilvy, 2000).

One way how to achieve or improve social skills is to engage children in social skills training (SST). SST is defined as „interventions that should train or modify any of the cognitive, affective, and behavioral processes that are associated with social competence (social problem solving, perspective taking, moral reasoning, self-control etc.)“ (Ang, Hughes, 2002, pp. 166). Social skills trainings (SSTs) have different orientation, but they usually have the same goal. SSTs should teach and increase social skills and those behaviors that are important for individuals to be successful in social situations (Cook et al., 2008; Spence, 2003). According to Elliott and Gresham SST has four primary goals: (a) promoting social skills acquisition, (b) enhancing social skills performance, (c) reducing or removing interfering problem behaviors, (d) facilitating the generalization and maintenance of social skills (Elliott, Malecki, Demaray, 2001).

Assessment Methods of Social Skills

Social skills assessment generally has two functions: identification of general and specific social difficulties and evaluation of outcomes (Sheridan, Hungelmann, Maughan, 1999). If we want to find out what are the outcomes of STT, whether the training was successful or somehow increased social skills of children, we should choose appropriate assessment methods. It may be a hard task to choose such methods, because there is no standard battery

of methods for assessing social skills. Some authors mention methods that shouldn't be left out when measuring social skills. Merrell considers naturalistic behavioral observation and behavior rating scales to be the „first-line“ choices or the primary assessment methods of social skills. As the „second-line“ choices he considers interviewing and sociometric techniques which are an important part of assessment. The „third-line“ choices such as projective–expressive techniques and self-report instruments shouldn't be used as primary assessment methods, but as additional methods (Merrell, 2001).

Sheridan and Walker (in Elliott, Malecki, Demaray, 2001) mention that assessment of SST outcomes should include the assessment of the child (informant reports, self-reports, skill-based direct observations, analogue observations, child interviews), assessment of others (teachers' nominations and rankings, sociometric techniques), and assessment of the social context (contextual analysis and ecological observations, functional analysis, performance-based direct observations, interviews).

When measuring social skills it is important to gather information about child from significant others (peers, parents, and teachers) and also to take into consideration social-contextual environment (school, home, hospital, playground, etc.) in which child is observed and evaluated (Sheridan, Hungelmann, Maughan, 1999).

The well-designed STT requires two types of before-and-after measures: specific measures of the target skills and measures to assess the social validity of training (Ogilvy, 2000).

In the following text we name and describe the most frequently used assessment methods and list their advantages and disadvantages.

Naturalistic Behavioral Observation

Many researchers emphasize the importance of behavioral observation and suggest that it is a valid method of gathering information about children's social responding and evaluating the effectiveness of SST (Spence, 2003). It includes three key components:

- (a) observation and recording of behaviors in their natural settings;
- (b) the use of trained, objective observers;
- (c) a behavioral description system that minimizes subjective inference by the observer – coders (Merrell, 2001).

Before implementing naturalistic behavioral observation it is necessary to specifically define behavior and to choose which dimensions of behavior will be assessed (frequency, intensity, duration) (Gresham, 2000).

This type of assessment has numerous advantages. The fact that the observation is carried out in natural settings (like schools) allows us to observe the typical behavior of a child and consequences of the behavior. Behavioral observation is sensitive to change in behavior (Schumaker, Hazel, 1984; Gresham, 2000). Another advantage is that it gives us objective information because observer does minimally interfere in child's behavior and it can be used repeatedly, but it is questionable how many observations are required for the measurement to be reliable and useful (Merrell, 2001). With observation information we can specify training effects and its future direction. Also this method can be very reliable if the observers are well prepared and trained (Foster, Ritchey, 1979).

It also has some disadvantages. This method is time-consuming, difficult to use or some psychometric problems may occur. The difficulty with behavioral observation is that we are not able to determine for sure, which observed behavior is generally considered as socially competent, because there are no exact definitions of socially competent behavior (Foster, Ritchey, 1979). Another problem is that some kinds of behaviors are not accessible to the observer, because they occur infrequently (e.g., assertion situations, meeting a stranger) or in private zone (Bellack, Hersen, 1979).

There are some observation method packages that can be used to assess social skills like *the PLAY behavioral observation* (Farmer-Dougan, Kaszuba, 1999) or *The Peer Social Behavior Code (PSBC) of the Systematic Screening for Behavior Disorders* (SSBD; Walker, Severson, in Spence, 2003).

Behavior Rating Scales

Behavior rating scales are widely used and popular assessment method. They have two common formats: checklist format and Likert response format (Martin, Hooper, Snow, 1986). They represent typical behaviors occurring in various situations that are evaluated by the rater (Gresham, 2000). The rater should have some knowledge of the rated person (Martin, Hooper, Snow, 1986), and therefore teachers, parents, peers or siblings may be appropriate persons who can identify children with problem behaviors.

Behavior rating scales have numerous advantages compared to other methods. Behavior rating scales are used to gather a big amount of information from many raters which lead to more objective data. This method is relatively inexpensive and it saves time because data are collected in a short period (Merrell, 1993; Demaray, Ruffalo, 1995). They are technically precise and practical for usage, because they are easy to administer and score (Merrell, 1993; Merrell, 2001). Results gathered from behavioral rating scales have quantitative form, which can increase reliability and validity, they provide systematically organized information and information about individual behavior, which can be compared with behavior of group and can be used to compare ratings from different respondents about child's behavior (McConaughy, Ritter in Hosp, Howell, Hosp, 2003).

McConaughy (1993) lists following disadvantages of rating scales: they measure recent functioning but do not provide information about causes or development of behavior problems. Another disadvantage is that rating scales involve perceptions of a child's behavior and these perceptions may vary across different raters or different context/settings.

One of the most commonly used measures is *The Social Skills Rating System* (SSRS). It is a standardized, valid and reliable rating scale system that was developed to assess social skills and also academic competence and problem behavior (Merrell et al., 2001). It has parent, teacher and child versions. The SSRS can be used for preschool, elementary and Grades 7-12. The teacher form has 40-57 items, the parent form has 49-55 items, and the child form has 34-39 items. This method uses a 3-point Likert-type scale. It contains three main scales: social skills (teacher, parent, and child forms), problem behaviors (teacher and parent forms), and academic competence (teacher form) (Demaray, Ruffalo, 1995). Using the Social Skills Rating System - Teacher Version, Gresham and Elliott (in Elliott, Malecki, Demaray, 2001) found consistent relations among the variables of social skills, problem behaviors, and academic competence. They found the correlation between social skills and problem behaviors to be -0.75 , the correlation between problem behaviors and academic competence to be -0.50 , and the correlation between social skills and academic competence to be 0.65 .

The School Social Behavior Scales (SSBS, Merrell, 1993) is another school-based instrument for assessing social competence and antisocial behavior. It has 65 items using a 5-point Likert-type scale. It contains two main scales: social competence (Scale A) and antisocial behavior (Scale B). Each scale consists of three subscales (A = interpersonal skills, self-management, and academic skills; B = hostile-irritable, antisocial-aggressive, and disruptive, demanding). The SSBS was developed to identify students who have some behavioral problems or are behaviorally at-risk and it helps to design appropriate intervention program (Demaray, Ruffalo, 1995).

Child Behavior Checklist (CBCL, Achenbach, 1991) is valid and reliable assessment method which has been developed to measure children's social competencies and behavioral problems. Specifically it measures social withdrawal, somatic complaints, anxiety/depression,

social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior. The CBCL is the only measure that contains the sex problems scale. There are two versions of CBCL. The version CBCL/4-18 is for children up to 18 years and version for 2 to 3 year olds (CBCL/2-3) has also been developed. The CBCL/4-18 contains 20 competence items grouped into 3 scales (Activities, Social, and School). Parent-, teacher-, and self-reports versions have been designed.

Interview

Interviewing is the oldest, widely used and very valuable assessment method (Merrell, 2001). It may seem that interview is similar to basic, everyday conversation, but it differs in some dimensions. Interview should be always meaningful, intentional, thematically consistent and controlled by the interviewer (Martin in Merrell, 2003). There are three basic types of interview: unstructured, semi-structured and structured. Although they vary in form, each of them should have its own structure and direction based on goals (Merrell, 2003). While making an interview it is important to have in mind not only goals, but also the target group of interviewees (e.g. children, adolescents, adults).

One of the biggest advantages of interviewing is that it provides relevant and useful information about the environment in which the behavioral problems occur, the quality of relationships with others, the types of social situations, and about how the young person responds to them (Merrell, 2001; Spence, 2003). The value of the interview is that except verbal expressions it provides also nonverbal expressions and interviewer can notice agreements and disagreement among them. Although the interview may provide important information about child's behavior, experiences and feelings from the „first hand“, we should aware that this information could be biased by subjective child's view of self in terms of social desirability. The other big advantage is that an interview is highly adaptable and flexible. Its flexibility and adaptability lies in the possibility to shorten or lengthen interview, to change directions when it is necessary and to focus on verbal and nonverbal expressions (Merrell, 2003). That represents also disadvantage because it causes inconsistency between interviewers and unreliability. For interview to be effective and reliable, the training of interviewers is necessary (Merrell, 2003). Another way how to increase reliability and interrater reliability is using of standardized interview or videotaping interview and its analysis by more raters (Bellack, Hersen, 1979). Interview is an inappropriate method for gathering information from large numbers of children in schools because it is time-consuming and it shouldn't be used as the only one method for evaluating outcomes (Spence, 2003).

Spence (2003) suggests that *the Social Adjustment Inventory for Children and Adolescents* (SAICA) could be used for assessing social skills. Interviewing has traditionally been an inexact technique (Bellack, Hersen, 1979), but if it is used properly, it may offer us valuable and useful information about child's life.

Sociometry

Sociometry is appropriate method to identify „children who are isolated, neglected or rejected by their peers and to evaluate the impact of SST“ (Spence, 2003, pp. 89). Foster and Ritchey (1979) suggest that sociometry only identifies socially competent child. On the other hand, Merrell (2001) thinks that sociometry shows peer acceptance or social status of a child, but it doesn't actually measure social skills. One of the requirements of effective use of sociometry is that the members of the group should know each other well. Therefore, the group shouldn't be too big. There are four general types of sociometric methods: peer nominations, peer ratings, sociometric rankings and alternative sociometric procedures (Merrell, 2003).

Although it has been demonstrated that sociometric measures have very high levels of reliability and validity in evaluating child's social competence and that they may relatively

well predict the future outcomes (Merrell, 2001; Ogilvy, 2000), they tell nothing about the reasons why a child is isolated, neglected, rejected, disliked or liked by peers.

Sociometry has good predictive validity and test-retest reliability. It is sensitive to changes in behavior of children, but it is not valid when focusing on children above the age of 9 and 10 years, when friendships are more stable (Oden, Asher, 1977). One disadvantage of sociometry mentioned above is the fact that results of sociometry provide no information about which social skills should be taught and enhanced (Schumaker, Hazel, 1984).

Projective-Expressive Techniques

Projective-expressive techniques such as thematic approaches to assessment, sentence completion techniques, and drawings, may be useful for establishing relationship with a child, but there is very small evidence that these techniques can be useful in identifying specific social skills (Merrell, 2001).

Objective Self-Report Instruments

Self-report instruments compare children's responses on self-report items with the responses of other people like peers, teachers or parents. It is still not clear whether these self-report methods should be used in evaluation of social skills or not. Some researchers have emphasized the importance of gathering a self-report from the child (Danielson, Phelps, 2003). Like every method, this method also has its pros and cons. Advantage of a child's self-report is that he or she can give information about her/his life, behavior, experiences and feelings that are not accessible to others (Danielson, Phelps, 2003). On the other hand, self-report may be biased because „individuals tend to underestimate their own negative behavior and to overestimate their own positive social behavior“. That is one of the reasons why the self-report and reports by others differ when rating the same behaviors or the same traits (Juntilla et al., 2006, pp. 876). It is also questionable whether children with problems can evaluate their own social skills accurately (Merrell, 2001). Because of these reasons, assessment of social skills should also include reports from the significant others.

Some studies tried to empirically examine differences between self-reports and reports by others. But results are not consistent. The study of Swick and Hassell (1988) showed that parents and teachers perceive children's social behavior similarly. The other study demonstrated that the child's own report corresponds only moderately with the reports of parents, teachers, or peers (Renk, Phares, 2004). But on the other hand Fagan and Fantuzzo (1999) have found insignificant congruence between parent and teacher ratings of children's social skills. Parents' ratings of the social competence of their children were not congruent with self-ratings and peer ratings (Schneider, Byrne, 1989). Although parents' ratings of child can be useful source of information, they also can be disvalued by factors such as lack of objectivity. In a study by Renk and Phares (2004) the greatest agreement between reports was shown between teachers and peers. But sometimes peers can be a better source of information about child's social skills than teachers, because peers are able to experience and to see more of child's behavior than teachers are able to (Juntilla et al., 2006).

The Effectiveness of Social Skills Training

The effectiveness of SST depends on a series of different variables. The results of meta-analyses differ and are influenced by factors such as the presenting problem of the child, the type of intervention, the outcome measure (behavioral social skills, more general social competence or overall emotional/behavioral adjustment), the length of the follow-up period, the location (clinic, home or school), and the informant (young person, parent, teacher or trained observer) (Spence, 2003).

The composition of group is another variable that influences the effectiveness of SST. Arnold and Hughes (1999) notice that in group-based skills training with aggressive youth the composition of group may affect outcomes. They warn that affiliation with deviant or aggressive peers tends to lead to antisocial behavior. The meta-analysis of 38 skills training interventions showed that intervention in homogeneous groups of deviant peers produced smaller benefits than did skills training interventions of individual treatment or mixed groups of prosocial and deviant peers (Ang, Hughes, 2002).

Study of Beelman, Pflingsten and Lösel (1994) shows that SSTs are an effective intervention for children in the short term, but long-term effects are weak. Researchers compared several types of treatments: monomodal (behavioral, social problem solving) and multimodal (behavioral, social problem solving, self-control). All types of programs showed decreasing effect sizes during follow-up. Positive long term effects were found only for social problem-solving trainings. There were no significant differences between monomodal and multimodal programs. A comparison of SSTs focused on social-cognitive skills, social interaction skills, social adjustment and self-related cognitions/affects showed a high effect in social-cognitive skills (0.77) and an intermediate effect in social interaction skills (0.34). Statistically significant but smaller effect sizes were found in social adjustment (0.18). There were no significant changes in self-related cognitions/affects (0.06). The study also compared the effects of trainings on different groups of children with externalizing syndromes, internalizing syndromes, intellectual problems, at-risk groups and normal children with no indicated problems. The highest effect sizes were in at-risk groups (0.85), mainly groups of deprived children, but they showed improvements only in social-cognitive skills (1.06). Similar effect sizes were found in children with externalizing syndromes (0.48) and internalizing syndromes (0.50). There was a low effect for children with intellectual problems (0.38) and the lowest effects were for normal children (0.35).

Schneider (1992) in a review of 79 controlled outcome studies concluded that social skills training produced an average moderate effect size of 0.40 in short-term effectiveness. The shorter follow-up interval was the higher were effect sizes. The effect of SST on dependent variables was: social interaction (0.42), peer acceptance (0.22), aggression (0.20), self-concept (0.16), social-cognitive (0.33), academic achievement (0.19). He also found out that SST was more effective with withdrawn children (0.69) than with unpopular (0.37), aggressive (0.37), not atypical (0.32) or other (0.48) children. Although changes for SST groups in this sample were not very significant, there was no case in which the SST group had a significant decline. Modeling (0.53) and coaching techniques (0.58) had higher effect sizes than social-cognitive procedures (0.36) or multitreatment packages (0.32). The effect sizes varied across different training conditions: individual (0.66), small group (0.42) and class group (0.29).

Quinn et al. (1999) were less positive in their conclusions. In a meta-analysis of SSTs for children with emotional and behavioral problems, they found only a small effect size (0.199). In reviewed studies comprehensive, multimodal, and multicontent training procedures such as direct instruction, modeling, role playing, rehearsal, group discussion, and feedback were used. Variables like the type of intervention, the duration of treatment, the quality of the research design, the participants' age, and the rater used to evaluate behavior change were examined and it was found that different variables had only small effect on treatment outcomes. It was also found that training effects varied according to the rater (parent, teacher, peer, self, or researcher). The perceived training effects of teachers and peers in school were slightly higher than effects perceived by parents at home. Researchers found slightly greater effect of trainings focused on measuring specific social skills (e.g. cooperating, or social problem solving) compared to more global trainings.

Durlak and Wells (1997) found that social competence programs had a mean effect size of 0.69 for social skills in children ages 2 to 7, and 0.21 in children ages 7 to 11. The mean effects sizes for problem behavior were 0.85 in children ages 2 to 7 and 0.21 in children ages 7 to 11.

Moote, Smyth and Wodarski (1999) compared results of 25 SSTs with adolescents and preadolescents in educational settings. More than a half of reviewed studies, specifically 14 of the 25, showed beneficial effects for participants. Positive effects were noticed in social self-perception and peer likeability, in peer status and social behavior, in reducing anger and outward negative expressions, and there was increased use of appropriate social skills following training. 9 of 25 studies showed limited or mixed results. For example teacher ratings did not correspond with peer rating and measuring of frequency of inappropriate classroom behavior did not showed change. Results of one of the studies showed that students from experimental group „performed significantly better on the cognitive acquisition measure than students in control group but there was no difference between the groups on performance of verbal content or performance“ (Moote, Smyth, Wodarski, 1999, pp. 457). Only 2 of the 25 reviewed studies indicate that SST was no more effective in comparison with the control group.

According to Maag (2005) the reason why SST has often resulted in only modest or no changes in child's social competence is that acknowledged problems are being ignored. Before implementing the social skills training it is important to take into consideration *behaviors targeted for intervention*, whether targeted skills would improve the quality of children's lives. Another dimension which we have to clarify is the *nature of performance deficits*, because deficits of different children result from different nature and the intervention has to be adjusted to it. *Intervention* can be *focused on* individual or group. Including peer group to SST can reinforce a target student to perform a socially appropriate behavior and also he or she gains positive responses from his or her peers. There are several *types of youth targeted for intervention*. Each type of children, for example bullies, aggressive children, non-accepted, unpopular, neglected etc. reacts on intervention differently, each type demands different time of intervention.

In this part of our study we present outcomes of several studies which were aimed on enhancing social skills. The main goal of these studies was to change some behavior, to learn, promote and practice social skills which help one to be socially competent or more precisely to be judged by others as socially competent. We focus on the goals of the studies, on used assessment methods and on the results of intervention.

Study of Bierman and Furman (1984) examined the effects of social skills training and peer involvement on the peer acceptance of disliked preadolescents in fifth-grade and sixth-grade. Some children from these grades were identified as unaccepted by their peers. Measured variables were conversational skills, peer acceptance, and self-perceptions. There were three methods investigating children's conversational skills: a structured dyadic conversation, observations of conversational behavior, and *The Conversational Skill Concept Scale*. There were two questionnaires used to assess peer acceptance: *The Roster and Rating Scale* assesses children's sociometric status, and *The Pupil Evaluation Inventory (PEI)* observes peer reputations of subjects. There were two questionnaires used to measure self-perceptions: *Self-perceptions Efficacy Scale* was designed by investigators of this study to measure children's perceived efficacy on the targeted skills, and social subscale of *Perceived Competence Scale of Children*. In this scale children were asked how socially competent they perceived themselves to be. Children were randomly assigned into one of four groups with different conditions: conversational skills training (individual coaching), peer involvement under superordinate goals (group experience), conversational skills training combined with peer involvement (group experience with coaching), and a no-treatment (control group). Post-

treatment scores showed that peer involvement improved peer acceptance ($F(1,47) = 4.85$) and children's self-perceptions of their social efficacy ($F(2,45) = 3.79$). Follow-up scores revealed no continuing effects for peer acceptance and for self perception of self-efficacy. Children who received social skills training showed significantly higher levels of skill performance during a dyadic conversation ($F(1,47) = 28.12$), and during peer group interactions ($F(1,47) = 13.12$) than those who did not. All measures were repeated directly after treatment and then after 6 weeks. Results showed continuing main effect for skill training in conversational skills. Follow-up assessment showed continuing main effects for SST on skill performance in the dyadic conversation ($F(1,47) = 10.58$) and in peer group interactions ($F(1,47) = 8.44$) and a near significant effect for SST on the written Conversational Skill Concept Scale ($F(1,47) = 3.87$). Posttreatment ($F(2,45) = 5.12$) and follow-up scores ($F(2,45) = 2.45$) showed an improvement in peer interaction.

The aim of social skills training of Bierman (1986) was to enhance conversational skills of fifth and sixth graders, who were less accepted by their peers and lacked conversational skills. For assessing conversational skills, observation was used and for assessing peer acceptance The Roster and Rating Scale was used. Each child was paired with two same-sex classmates, who scored in the upper two-thirds in the sociometric test. The half of these triads was assigned to social skills training and other half to peer experience. The results demonstrated that children who were assigned to social skills training displayed more conversational skills ($F(1,23) = 17.46$) and received more positive peer support ($F(1,23) = 21.49$) than children who received peer experience. The positive relation was found between the rate of skill performance and positive peer support.

An assertiveness training program was developed for adolescents by Wise et al. (1991). It focused on peer interactions and social responsibility. Researchers implied Bandura's social cognitive theory. Student's cognitive acquisition of assertiveness was measured with multiple-choice tests before training, immediately after training, and after 6-months. The tests included 26 questions designed to measure recognition of definitions and examples related to assertion, nonassertion, aggression, and their possible consequences. One class received the assertiveness training, and the other class served as the control group. Following the training students were taught to predict possible social, physical, and emotional consequences of assertive responses, and to choose behaviors associated with positive feelings. Experimental group performed significantly better than a control group on the posttest and on the 6-month follow-up ($F(1,40) = 12.88$), demonstrating that young adolescents can learn assertiveness concepts that form their assertive behavior (Wise, Bundy, Bundy, Wise, 1991).

Ciechalski and Schmidt (1995) tried to investigate the effectiveness of social skills training on peer acceptance, self-esteem, social attraction, and self-confidence of students with disabilities. They used the school form of *The Self-Esteem Inventory (SEI)* to measure attitudes toward the self in social, academic, family, and personal areas. *The Behavioral Academic Self-Esteem-Rating Scale (BASE)* was used to measure children's academic self-esteem. A social skills curriculum, *Skillstreaming the Elementary School Child* was also used. The skills were taught through modeling, role playing, and performance feedback, and through homework assignments. It includes for example "asking for help," "listening," "following directions," "contributing to a conversation," or "giving a compliment." Treatment and control group included disabled, regular, and gifted children. Significant difference was found between the treatment and the control group by time effect ($F(1,43) = 19.841$). No significant differences were found on any of the other factors of the SEI and the BASE. Interactions with nondisabled peers provided opportunities for students with disabilities to learn and to practice the social skills which they need to be successful in school, in their communities, and in the workplace.

In this study, the impact of computer-assisted social skill training was explored between two groups of students: students with learning disabilities and students with behavior disorders. Three sources of information were used to assess treatment outcomes: teacher ratings of students' self-control and of externalizing and internalizing behavior difficulties (*Social Skills Rating Scales* - The Hebrew adaptation of the SSRS-teacher form), students' self-reported feelings of loneliness (*Loneliness and Social Dissatisfaction Questionnaire* - The Hebrew adaptation), and peer ratings of social acceptance (*Peer Rating Scale* - The Hebrew adaptation). The findings showed that all of the students benefited from the training. The students in both groups felt less lonely ($F(1,77) = 4.54$), were more accepted by their peers ($F(1,77) = 5.17$), had higher levels of self-control ($F(1,77) = 5.06$), and less internalizing ($F(1,77) = 6.04$) and externalizing difficulties ($F(1,77) = 10.47$) (Margalit, 1995).

Study by Pepler, Craig, and Robert (1998) evaluated the effectiveness of social skills training with aggressive children from multiple sources: self-ratings, teacher ratings, peer ratings, and naturalistic observations of playground interactions. For assessing outcomes of the training they used methods such as *The Teacher Report Form of the Child Behavior Checklist* (CBCL), *The Marsh Self-Description Questionnaire*, peer measures - *the Revised Class Play assessment* and a *sociometric status measure*. Aggressive and nonaggressive children perceived themselves positively before and after the training. But there were some discrepancies between self, peer and teacher ratings. Aggressive children indicated themselves that they were experiencing no problems, but teacher and peer ratings indicated that they exhibited a lot of behavior problems. Teachers' ratings indicated a significant improvement in behavior of aggressive children during the social skills training ($F(3,37) = 4.73$). On the other hand, peer ratings showed no improvement. Although peers didn't see any improvement in aggressive behavior, sociometric method showed that fewer aggressive children were rejected and less disliked after the training ($Z = 2.20, p < 0.05$). The naturalistic observation of playground interactions didn't show any improvement in aggressive behavior of children during the training. The results show that there were no improvements in the rates of aggressive behaviors following social skills training. Aggression did not change following social skills training. The main effect for time (pre-post) ($F(2,46) = 0.98$) and for the time by group interaction ($F(2, 46) = 0.11$) was not significant. On the other hand, aggressive children were not isolated: they spent as much time with peers as did nonaggressive children (Pepler, Craig, Robert, 1995).

In the study of Choi and Heckenlaible-Gotto (1998) a peer rating sociometric procedures *Work with Peer rating scale* and *Play with Peer rating scale* were used to measure the effectiveness of social skills training. The treatment group scores for the peer rating scales increased and the control group scores remind relatively stable. Study indicates statistically significant gains for the treatment group on *the Work with Peer rating scale* ($t(12)=2,19$) but smaller gains on *the Play with Peer rating scale* ($t(12)=1,08$). Authors of this study assume that the ratings on *the Play with Peer rating scale* would also improve if a longer intervention period is given.

The main goal of these studies was to improve social skills of children. The results showed that social skills in all mentioned studies improved. To be specific, peer acceptance and social interactions (Bierman, Furman, 1984; Bierman, 1986; Ciechalski, Schmidt, 1995; Margalit, 1995; Choi, Heckenlaible-Gotto, 1998), assertiveness (Bierman, Furman, 1984; Wise, Bundy, Bundy, Wise, 1991) and conversational skills (Bierman, Furman, 1984; Bierman, 1986) improved. Only one study which evaluated the effectiveness of social skills training with aggressive children showed mixed results between self-rating, teacher and peer ratings (Pepler, Craig, Robert, 1995).

Summary

Many studies suggest that methods, which SSTs work with, are effective and increase effectiveness of SSTs. Before creating SST program, it is necessary to take into consideration the composition of group, because the method of working with for example aggressive children may not be effective in other groups. In some cases it is better to make heterogeneous groups. Many studies of effectiveness of SST bring more information about this subject. The effectiveness of SSTs was in some cases evident, but many studies agree that SST is effective for children in the short-term. Results of some researches indicated that SST alone has not a long-term effect on improving social skills and social competence (Spence, 2003). One explanation may be that the effectiveness of training depends on many variables (duration, setting, participants' characteristics etc.), not only on type of intervention. It may be caused by many factors which influence social behavior of children and it is necessary to think about the contextual factors before implementing of SST (Ogilvy, 2000). Appropriate methods for measuring social skills and effectiveness of training should be used. Between basic methods or „first line“ choices belong naturalistic behavioral observation and behavior rating scales. Another frequently used method is sociometry that can relatively well predict the future outcomes. In the research of social skills, it is important to realize, that effective assessment methods and interventions used in the past, do not have to be effective in the present, because society is always changing and puts different demands on people.

References:

- ACHENBACH, Thomas M. *Manual for the Child behavior checklist/4-18*. Burlington, VT : University of Vermont, Department of Psychiatry, 1991.
- ANG, Rebecca P. – HUGHES, Jan N. Differential benefits of skills training with antisocial youth based on group composition: A meta-analytic investigation. In: *School Psychology Review*, 2002, 31, 2, pp. 164-186.
- ARNOLD, Margery E. – HUGHES, Jan N. First do no harm: Adverse effects of grouping deviant youth for skills training. In: *Journal of School Psychology*, 1999, 37, 1, pp. 90-115.
- BEELMANN, Andreas – PFINGSTEN, Ulrich, – LÖSEL, Friedrich. Effects of training social competence in children: A meta-analysis of recent evaluation studies. In: *Journal of Clinical Child Psychology*, 1994, 23, 3, pp. 260-271.
- BELLACK, Alan S. – HERSEN, Michel. *Research and practice in social skills training*. Springer, 1979. Retrieved from http://books.google.com/books?id=4w62hy_QRyEC&printsec=frontcover&dq=Research+and+practice+in+social+skills+training&hl=sk#PPA339,M1.
- BIERMAN, Karen Linn. Process of change during social skills training with preadolescents and its relation to treatment outcome. In: *Child Development*, 1986, 57, 1, pp. 230-240.
- BIERMAN, Karen Linn – FURMAN, Wyndol. The effects of social skills training and peer involvement on the social adjustment of preadolescents. In: *Child Development*, 1984, 55, pp. 151-162.
- BIERMAN, Karen Linn – WELSH, Janet A. Assessing social dysfunction: The contributions of laboratory and performance-based measures. In: *Journal of Clinical Child Psychology*, 2000, 29, 4, pp. 526-539.
- CALDARELLA, Paul – MERRELL, Kenneth W. Common dimensions of social skills of children and adolescents: A taxonomy of positive behaviors. In: *School Psychology Review*, 1997, 26, 2, pp. 264-279.
- CHOI, Hee-Sook – HECKENLAIBLE-GOTTO, Myra J. Classroom-based social skills training: Impact on peer acceptance of first-grade students. In: *The Journal of Educational Research*, 1998, 91, 4, pp. 209-214.

- CIECHALSKI, Joseph C. – SCHMIDT, Mary W. The effects of social skills training on students with exceptionalities. In: *Elementary School Guidance & Counseling*, 1995, 29, 3, pp. 217-223.
- COOK, Clayton R. – GRESHAM, Frank M. – KERN, Lee – BARRERAS, Ramón. B – THORTON, Sage – CREWS, Sage Dean. Social skills training for secondary students with emotional and/or behavioral disorders: A review and analysis of the meta-analytic literature. In: *Journal of Emotional & Behavioral Disorders*, 2008, 16, 3, pp. 131-144.
- DANIELSON, Carla K. – PHELPS, Carolyn R. The assessment of children's social skills through self-report: A potential instrument for classroom use. In: *Measurement & Evaluation in Counseling & Development*, 2003, 35, pp. 218-229.
- DEMARAY, Michelle K. – RUFFALO, Stacey L. Social skills assessment: A comparative evaluation of six published rating scales. In: *School Psychology Review*, 1995, 24, 4, pp. 648-672.
- DURLAK, Joseph A. – WELLS, Anne M. Primary prevention mental health programs for children and adolescents: A meta-analytic review. In: *American Journal of Community Psychology*, 1997, 25, 2, pp. 115-152.
- ELLIOTT, Stephen N. – MALECKI, Christine K. – DEMARAY, Michelle K. New directions in social skills assessment and intervention for elementary and middle school students. In: *Exceptionality*, 2001, 9, pp. 19-32.
- FAGAN, Jay – FANTUZZO, John W. Multirater congruence on the social skills rating system: Mother, father, and teacher assessments of urban head start children's social competencies. In: *Early Childhood Research Quarterly*, 1999, 14, 2, pp. 229-242.
- FARMER-DOUGAN, Valeri – KASZUBA, Tami. Reliability and validity of play-based observations: Relationship between the PLAY behavior observation system and standardized measures of cognitive and social skills. In: *Educational Psychology*, 1999, 19, pp. 429-440.
- FOSTER, Sharon L. – RITCHEY, Wendy L. Issues in the assessment of social competence in children. In: *Journal of Applied Behavior Analysis*, 1979, 12, pp. 625-638.
- GÁLIKOVÁ, Silvia. *Psyché*. Bratislava : Veda, 2007.
- GRESHAM, Frank M. Assessment of social skills in students with emotional and behavioral disorders. In: *Assessment for Effective Intervention*, 2000, 26, pp. 51-58.
- HOSP, John L. – HOWELL, Kenneth W. – HOSP, Michelle K. Characteristics of behavior rating scales: Implications for practice in assessment and behavioral support. In: *Journal of Positive Behavior Interventions*, 2003, 5, 4, pp. 201-208.
- JUNTILLA, Niina – VOETEN, Marinus – KAUKIAINEN, Ari – VAURAS, Marja. Multisource assessment of children's social competence. In: *Educational & Psychological Measurement*, 2006, 66, 5, pp. 874-895.
- MAAG, John W. Social skills training for youth with emotional and behavioral disorders and learning disabilities: Problems, conclusions, and suggestions. In: *Exceptionality*, 2005, 13, 3, pp. 155-172.
- MARGALIT, Malka. Social skills learning for students with learning disabilities and students with behavior disorders. In: *Educational Psychology*, 1995, 15, 4, pp. 445-453.
- MARTIN, Roy P. – HOOPER, Stephen – SNOW, Jeffrey. Behavior rating scale approaches to personality assessment in children and adolescents. In: KNOFF, Howard M. (Ed.) *The assessment of child and adolescent personality*. New York : Guilford Press, 2003, pp. 309-348.
- McCONAUGHY, Stephanie H. Advances in empirically based assessment of children's behavioral and emotional problems. In: *School Psychology Review*, 1993, 22, 2, pp. 285-308.
- MERRELL, Kenneth W. Using behavior rating scales to assess social skills and antisocial behavior in school settings: Development of the School Social Behavior Scales. In: *School Psychology Review*, 1993, 22, 1, pp. 115-134.

- MERRELL, Kenneth W. Assessment of children's social skills: Recent developments, best practices, and new directions. In: *Exceptionality*, 2001, 9, 1 & 2, pp. 3-18.
- MERRELL, Kenneth W. – STREETER, Angela L. – BOELTER, Eric W. – CALDARELLA, Paul – GENTRY, Amanda. Validity of the home and community social behavior scales: Comparisons with five behavior-rating scales. In: *Psychology in the Schools*, 2001, 38, 4, pp. 313-325.
- MERRELL, Kenneth W. *Behavioral, social, and emotional assessment of children and adolescents*. New Jersey : Lawrence Erlbaum Associates, 2003.
- MOOTE, Gerald T. – SMYTH, Nancy J. – WODARSKI, John S. Social skills training with youth in school settings: A review. In: *Research on Social Work Practice*, 1999, 9, 4, pp. 427-465.
- ODEN, Sherri – ASHER, Steven R. Coaching children in social skills for friendship making. In: *Child Development*, 1977, 48, pp. 495-506.
- OGILVY, Carole M. Social skills training with children and adolescence: A review of the evidence on effectiveness. In: SMITH, Peter K. – PELLEGRINI, Anthony D. (Eds.). *Psychology of Education: Major Themes*. New York : Taylor & Francis, 2000, pp. 242-256. Retrieved from <http://books.google.com/books?id=QB3t6msaWs0C&printsec=frontcover&dq=Psychology+of+Education+%2B+pellegrini&hl=sk#PPT1,M1>.
- PEPLER, Debra J. – CRAIG, Wendy – ROBERT, William L. Social skills training and aggression in the peer group. In: McCORD, Joan (Ed.). *Coercion and punishment in long-term perspectives*. New York : Cambridge University Press, 1995, pp. 213-228.
- QUINN, Mary M. – KAVALE, Kenneth A. – MATHUR, Sarup R. – RUTHERFORD, Robert B. – FORNESS, Steven R. A meta-analysis of social skill interventions for students with emotional or behavioral disorders. In: *Journal of Emotional & Behavioral Disorders*, 1999, 7, 1, pp. 54-65.
- RENK, Kimberly – PHARES, Vicky. Cross-informant ratings of social competence in children and adolescents. In: *Clinical Psychology Review*, 2004, 24, pp. 239-254.
- SCHNEIDER, Barry H. Didactic methods for enhancing children's peer relations: A quantitative review. In: *Clinical Psychology Review*, 1992, 12, pp. 363-382.
- SCHNEIDER, Barry H. – BYRNE, Barbara M. Parents rating children's social behavior: How focused the lens? In: *Journal of Clinical Child Psychology*, 1989, 18, 3, pp. 237-241.
- SCHUMAKER, Jean B. – HAZEL, Stephen J. Social skills assessment and training for the learning disabled. In: *Journal of Learning Disabilities*, 1984, 17, 7, pp. 422-430.
- SHERIDAN, Susan M. – MAUGHAN, Denita P. – HUNGELMANN, Angela. A contextualized framework for social skills assessment, intervention and generalization. In: *School Psychology Review*, 1999, 28, 1, pp. 84-103.
- SPENCE, Susan. Social skills training with children and young people: Theory, evidence and practice. In: *Child & Adolescent Mental Health*, 2003, 8, 2, pp. 84-96.
- SWICK, Kevin J. – HASSELL, Tammy. Parental efficacy and the development of social competence in young children. In: *Journal of Instructional Psychology*, 1990, 17, pp. 24-32.
- WISE, Kathryn L. – BUNDY, Kaarre A. – BUNDY, Eugene A. – WISE, Larry A. Social skills training for young adolescents. In: *Adolescence*, 1991, 26, 101, pp. 233-241.

Efektivita tréningov sociálnych zručností (prehľad literatúry)

Sociálne zručnosti a sociálna kompetencia sú dôležitou súčasťou zdravého fungovania v spoločnosti. Jednou z ciest na zlepšenie sociálnych zručností sú tréningy na rozvoj sociálnych zručností. Hlavným cieľom týchto tréningov je naučiť a rozvíjať interpersonálne zručnosti, ktoré deti potrebujú na to, aby boli úspešné v sociálnych situáciách. Prvá časť tejto štúdie sa

zaoberá pojmami sociálna zručnosť, sociálna kompetencia a tréning na rozvoj sociálnych zručností. Druhá časť popisuje metódy, ktoré sa používajú na meranie účinnosti tréningov na rozvoj sociálnych zručností a účinnosťou tréningov u rozličných skupín detí.