

SOCIAL SKILLS TRAINING

*Enhancing Social Competence
with Children and Adolescents*

Susan H. Spence

Research and Technical Supplement



NFER-NELSON

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CHAPTER 1

Development of the Social Skills, Social Competence with Peers and Social Worries Questionnaires

It is clear that there is a need for psychometrically sound instruments for the assessment of children's social functioning. In particular, there is a need for measures which separate out the assessment of social competence (or the consequences of social behaviour), behavioural social skills (that is, what the person actually does) and social anxiety. Separating out these constructs is important in helping us, as therapists, to work out an appropriate intervention programme.

Method

Development of Questionnaire Items

The first step in the development of the questionnaires was to produce a large pool of question items which were then categorized by two independent judges into three groups namely:

- Social competence, as reflected by the consequences and outcomes of social interaction
- Social skills, as reflected by specific behavioural responses during interaction with another person, that have been suggested by researchers, practitioners, parents or teachers to lead to positive outcomes from social interaction
- Social anxiety, in terms of worry about and avoidance of specific social situations in which social evaluation or scrutiny by others is likely to occur.

This categorization formed the basis for the development of the three questionnaires, which were designed to assess separately social competence, social skills and social anxiety. The pool of items used were generated from numerous child behaviour questionnaires, research papers relating to social skills and social functioning in childhood, suggestions from parents and teachers, the DSM IV criteria for social phobia and structured interviews for childhood psychological problems (American Psychiatric Association, 1994; Silverman, 1991).

Items for the Social Competence with Peers Questionnaires

The items selected for the assessment of social competence were designed to focus on the consequences of social interaction. The initial items related to quality and quantity aspects of social outcomes in relationships with parents, teachers, family friends and peers. It became clear from pilot work that there was not a high correlation between children's social competence with adults and other youngsters. This made it impossible to produce a total score for social competence which covered

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relationships with adults and peers. In view of this problem, it was decided to focus specifically upon social competence with peers, given that there is so much evidence to suggest that quality of peer relationships has such a strong impact upon long-term general adjustment. There were not sufficient items relating to adult relationships in the pilot version to permit development of separate social competence scales. The final version of the questionnaire includes slightly different items for parents, teachers and children. Teachers, parents and children experience different aspects of social competence. For example, parents are less likely than teachers to know whether children are invited by classmates to work on a project. Thus, the teacher questionnaire focused primarily on school-based social outcomes, whereas the parent scale emphasized home-based social competence. The pupil version could cover both home and school social competence and involved ten questions. The final parent and teacher versions of the questionnaires include nine items in each scale.

Items for the Social Skills Questionnaires

Initially, 77 items were allocated to the behavioural response category. In order to confirm the validity of each response as a social skill, each item was rated by parents and teachers on a three-point scale (0–2) of how important that behaviour was considered to be in enabling children to get on well with others. Ten parents and ten teachers completed the questionnaire for children aged 8–12, with a further ten parents and ten teachers completing the questionnaire for children aged 13–18. Only those items with a mean rating between 1 ('Quite important') and 2 ('Very important') were included in further test development. It was interesting to find that very few of the items were specific to older children: thus it was decided to retain those items which were applicable to both age groups. The only items that were deleted on the basis of age differences related to dating.

For the next phase of the study, 57 items were retained and used in the development of three questionnaires for parents, teachers and youngsters respectively. In the field-testing version, respondents were asked to rate how true each item was for the target child, with ratings including 0 ('Not true'); 1 ('Sometimes true'); and 2 ('Mostly true'). Items were only retained for the final version of the questionnaire if the phrasing of the item was positive, so as to describe a specific, positive action response, and if the item–total correlation exceeded 0.20 for all three versions of the questionnaire. Thus, items were deleted if they were negatively phrased (for example, 'does not bully his/her peers'; 'does not tease his/her peers'). The aim was to ensure that the questionnaire focused specifically upon discrete responses and actions (for example, 'I share things with other children'; 'I listen to other people's points of view during arguments'), rather than the absence of certain behaviours. This was suggested to provide a better indication of social skills that could be trained, rather than behaviours which needed to be reduced in frequency. The focus on increasing positive, desirable behaviours which are incompatible with negative, inappropriate responding is a more effective method of producing long-lasting improvements in social competence than simply focusing on the reduction of

problem behaviour.

The final version of the Social Skills Questionnaire included 30 items which were positively phrased and exceeded the 0.20 item–total correlation on all three versions of the questionnaire.

Items for the Social Worries Questionnaires

The Social Worries Questionnaires were developed to assess symptoms of social anxiety in youngsters. Each question asks whether the young person experiences worry about a particular social situation or tries to avoid that situation. All the situations involve some form of scrutiny or evaluation by others and were selected on the basis of being situations which are commonly feared by socially anxious or socially phobic individuals as reported within the research, clinical literature and standardized interview assessment for social phobia or social anxiety in children (Silverman, 1991). The situations covered in the parent, teacher and child versions of the questionnaire vary slightly from each other. For example, teachers are asked to provide information about fears and avoidance of social-evaluative situations in the classroom, such as reading aloud to the class or telling a teacher if he/she does not understand something. Parents, on the other hand, are asked to assess situations in which they have more direct contact, some of which teachers are less likely to be aware of, such as using the telephone or going into a shop alone to buy something. The child version of the questionnaire covers both the school and home situations.

Subjects

Normative data for the questionnaires were collected for a sample of 376 children and adolescents aged 8–17 who attended four Catholic education schools in the Sydney metropolitan area. Of the 376 youngsters who completed the child report questionnaires, 313 teacher questionnaires were available. The response from parents was less satisfactory with only 187 parents returning their questionnaires. This response rate of around 50 per cent from parents is, however, typical of parent response rates in questionnaire research carried out within school situations. The schools selected were from catchment areas which were representative of Australia in general, in terms of family income and ethnic background. Census information from the postal areas served by the schools suggested that most families were in the lower- to middle-income brackets. The ethnic backgrounds of the population were diverse, which is typical of Australian society, with the majority of persons born overseas being of European origin.

Procedure and Measures

Questionnaires were administered on a class basis, with all items being read aloud. Measures were presented in a counterbalanced order across classrooms, in order to reduce order effects. The final versions of the three questionnaires used a three-point Likert-type rating scale ranging from 0 ('Not true') to 1 ('Sometimes true') to 2 ('Mostly true'). Total scores are produced from the sum of all numerical ratings, with all items being scored in the same direction.

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In addition to the Social Competence with Peers, Social Skills and Social Worries questionnaires, children were asked to complete a sociometric measure which asked them to nominate three classmates whom they liked the most and three classmates whom they liked the least. This process enabled assessment of rejected and popular status within the peer group.

Results

The following section outlines the major findings from the study that are likely to be of interest to practitioners. Further details about the procedure, measures and results may be obtained from the author upon request c/o the publisher.

The Social Competence with Peers Questionnaires

Social Competence with Peers Questionnaire – Teachers (SCPQ – T)

The psychometric properties of this scale were investigated using responses from 313 teachers. The internal consistency of the SCPQ – T was found to be excellent, with a Guttman split-half reliability coefficient of 0.94 and coefficient alpha of 0.95. All item–total correlations exceeded 0.50. Factor analysis revealed a single factor accounting for 73 per cent of the variance in responses.

Investigation of normative data revealed significant differences across the age bands and between genders, indicating the need to use separate age and gender norms. The means and standard deviations for age bands and different genders are shown in Table 1. In general, girls were rated as being more socially competent with peers than their male counterparts. Overall, there was a trend for teachers to rate youngsters as being less socially competent with peers with increasing age. It is unclear why social competence with peers, as assessed by teachers, should decline with age. Whether it reflects an actual change in the quality of peer relationships, changes in teacher expectations with increasing age of the youngster, or a reduced teacher awareness of pupils' social relationships as they reach adolescence remains to be shown.

Table 1 Means and standard deviations for teacher ratings on the Social Competence with Peers Questionnaire – Teachers

Age	Female			Male			Total male and female		
	Mean	Standard deviation	Sample size (n)	Mean	Standard deviation	Sample size (n)	Mean	Standard deviation	Sample size (n)
8–11	16.83	3.21	58	15.00	4.52	36	16.13	3.84	94
12–14	14.76	4.52	71	14.11	4.32	71	14.44	4.42	142
15–17	15.28	4.02	29	13.29	4.89	48	14.05	4.66	77
Total (8–17)	15.61	4.08	158	14.07	4.56	155	14.85	4.39	313

NB: High scores indicate greater social competence

The SCPQ – T was found to correlate significantly with the teacher rating of social skills ($r = 0.48$), the teacher rating of social worries ($r = -0.25$), the parent rating of the child's social competence ($r = 0.40$) and the pupil's rating of his/her own social competence with peers ($r = 0.54$). The SCPQ – T was also found to differ for children of different sociometric status. Teachers tended to rate rejected children (mean total score = 10.05) as being significantly lower on the SCPQ – T compared to popular children (mean total score = 16.60). This finding provides further support for the construct validity of the SCPQ – T.

Social Competence with Peers Questionnaire – Parent(s) (SCPQ – P)

The psychometric properties of the scale were investigated with 187 parents. The internal reliability of the scale was excellent, with a Guttman split-half reliability coefficient of 0.87 and coefficient alpha of 0.81. All item–total correlation coefficients exceeded 0.40. Factor analysis revealed a single factor accounting for 42 per cent of the variance in responses.

The normative data did not show any significant differences in scores across different age groups or genders: thus there is no need for separate age and gender norms. **The mean rating was found to be 14.82 (Standard deviation = 3.12).** The SCPQ – P was found to correlate significantly with the teacher rating of social competence with peers ($r = 0.40$) and the youngster's rating of his/her own social competence with peers ($r = 0.54$). These correlations are impressive and provide considerable support for the validity of the scale. Furthermore, the SCPQ – P correlated significantly with the parents' ratings of their child's social skilfulness ($r = 0.55$). There was also a significant difference in parental ratings of their child's social competence with peers on the SCPQ – P for youngsters of different sociometric status groups. Parents of rejected children rated these youngsters as significantly lower on the SCPQ – P (mean total score = 13.25) compared to their average social status peers (mean total score = 15.84). This finding provides further support for the validity of the SCPQ – P as a measure of social competence with peers.

Social Competence with Peers Questionnaire – Pupil (SCPQ – PU)

The psychometric properties of the scale were investigated with a sample size of 386. The internal reliability of the questionnaire was found to be adequate, with a Guttman split-half reliability coefficient of 0.77 and coefficient alpha of 0.75. All item–total correlations exceeded 0.40. Factor analysis revealed a single factor structure accounting for 32 per cent of the variance in test scores.

The normative data showed that there were no significant differences across age groups and gender, **with the mean total score being 15.53 (Standard deviation = 3.17).** Youngsters' ratings of their own social competence with peers on the SCPQ – PU correlated significantly with ratings of social competence made by their parents on the SCPQ – P ($r = 0.54$) and their teachers on the SCPQ – T ($r = 0.40$). Self-ratings of social competence with peers also correlated significantly with youngsters' ratings of their own social skills on the Social Skills Questionnaire – Pupil ($r = 0.31$). Further evidence for the construct validity of the SCPQ – PU comes

from the finding of a significant difference in self-ratings on the SCPQ – PU for children in different sociometric status groups. Children who were classified as rejected according to peer sociometric nominations rated themselves as significantly lower in social competence with peers on the SCPQ – PU (mean total score = 12.24) compared to average (mean total score = 15.34) and popular youngsters (mean total score = 15.72). In other words, unpopular children tend to rate themselves as being less successful in social relationships with their peers. This is an important finding, as the sociometric measurement was totally independent of the self-report assessment on the SCPQ–PU and demonstrates that the SCPQ – PU measure is sensitive enough to pick up differences in youngsters' evaluations of their social competence with peers.

The Social Skills Questionnaires

Social Skills Questionnaire – Teachers (SSQ – T)

The internal consistency of the teacher Social Skills Questionnaire was found to be good, with a Guttman split-half reliability of 0.93 and coefficient alpha of 0.96. All item–total correlations exceeded 0.50. Factor analyses were conducted using both varimax rotation and oblique rotation using a direct oblimin solution. The factor structure was found to be similar using these solutions, with three correlated factors concerning: conflict resolution/avoidance; warmth and empathy; and social involvement. Given the intercorrelation between these factors, it is suggested that, for practical purposes, the total score is used rather than factor scores.

Normative data were collected for 313 youngsters aged 8–17. Significant differences in total scores were found for different age groups and between genders, indicating the need for separate norms by age and gender. Table 2 outlines the means and standard deviations for total scores. Overall, teachers tended to rate girls as slightly more socially skilled than boys, which is in keeping with the results for child self-reported social skills described below, and interestingly they perceived a difference in skilfulness at different age bands. Boys were rated as being more socially skilled in the 12–14 age band compared to older or younger boys. Girls, on the other hand, tended to be rated as less socially skilled during this same phase of early adolescence, in comparison to other age groups.

The SSQ – T was found to correlate significantly with the SCPQ – T ($r = 0.48$), suggesting that social skill levels do indeed influence the outcomes of social interaction as assessed by the SCPQ and supporting the construct validity of the SSQ – T. The SSQ – T also correlated significantly with the Social Worries Questionnaire – Teacher ($r = -0.23$), indicating that children who are more socially anxious at school tend to be less socially skilled than other youngsters. Significant correlations were also found between the SSQ – T and the Social Skills Questionnaire – Parent(s) ($r = 0.25$) and the Social Skills Questionnaire – Pupil ($r = 0.17$). The validity of the SSQ – T was then examined through its relationship with peer sociometric status as measured by peer nominations. Comparison with peer sociometric status data showed that rejected children (mean SSQ – T total score = 45.50) were rated as

Table 2 Means and standard deviations for teacher ratings on the Social Skills Questionnaire – Teachers

Age	Female			Male			Total male and female		
	Mean	Standard deviation	Sample size (n)	Mean	Standard deviation	Sample size (n)	Mean	Standard deviation	Sample size (n)
8–11	56.58	6.53	58	48.11	13.08	36	53.61	10.25	94
12–14	51.86	8.19	71	55.66	7.58	71	53.76	8.09	142
15–17	54.97	4.91	29	43.65	12.92	48	47.91	11.94	77
Total (8–17)	54.17	7.37	158	50.35	11.98	155	52.28	10.09	313

NB: High scores indicate greater social skills

significantly lower on the SSQ – T compared to youngsters of average (mean SSQ – T total score = 52.89) or popular (mean SSQ – T total score = 55.13) social status. This finding provides considerable support for the construct validity of the SSQ – T, suggesting that less popular children are rated independently by their teachers as having poorer social skills than their popular peers.

Social Skills Questionnaire – Parent(s) (SSQ – P)

The parent version of the SSQ consists of the same 30 items found in the teacher and child versions of the questionnaire. The internal consistency of the SSQ – P was good, with Guttman split-half reliability of 0.90 and coefficient alpha of 0.92. All items exceeded an item–total correlation of 0.40. Factor analysis using either varimax or oblique rotation indicated three correlated factors assessing: conflict resolution/avoidance; warmth and empathy; and social involvement. This factor structure replicated that found for the SSQ – T, although some items differed in their contribution to the three factors. The significant correlations between factors justified the use of a total score for social skilfulness.

Analysis of the normative data did not reveal any age or sex differences in total score, with scores being very similar for both sexes across each age band. Therefore, there is no need to use separate norms by age and sex. **The overall mean total score was 46.11 (Standard deviation = 9.03, n = 187), with a maximum total score of 60.**

Comparison with other questionnaires revealed a significant correlation between the SSQ – P and the SCPQ – P ($r = 0.55$) but not with the Social Worries Questionnaire – Parent(s). The SSQ – P was found to correlate significantly, however, with the teacher ($r = 0.25$) and pupil ($r = 0.43$) versions of the SSQ. Comparison with peer sociometric status data showed that rejected children (mean total score = 42.29) were rated as lower on the SSQ – P compared to youngsters of popular (mean total score = 49.34) social status. These results support the construct validity of the

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SSQ – P, suggesting that parents as well as teachers tend to rate less popular youngsters as being less socially skilled than their more popular peers. It is particularly impressive to find such marked differences in parent ratings of social skills between youngsters of different types of social status, given that the sociometric measure was taken in the classroom from peer report and is totally independent of parent completion of the SSQ – P.

Social Skills Questionnaire – Pupil (SSQ – PU)

The child version of the SSQ includes the same items as those used in the parent and teacher versions. The internal consistency of the SSQ – PU was found to be good with a Guttman split-half reliability of 0.83 and coefficient alpha of 0.85. All item–total correlations exceeded 0.20. Factor analysis using either varimax or oblique rotation indicated three correlated factors assessing: conflict resolution/avoidance; warmth and empathy; and social involvement. This factor structure replicated those found for the parent and teacher versions of the scale, although again some items differed in their loading on the three factors. The significant correlations between factors justified the use of a total score for social skilfulness.

Normative data were available for 386 youngsters and revealed that there were no significant differences in total scores across the age bands. A significant difference in total score was found, however, between the sexes. **The mean total score for girls was 47.15 (Standard deviation = 6.59) compared to 43.60 (7.58) for boys.** On average, girls tended to rate themselves as more socially skilful than did the boys, in keeping with the findings for the teacher ratings on the SSQ.

The validity of the SSQ – PU was supported by the findings of a significant correlation with the parent rating of social skills ($r = 0.43$), although the correlation with the teacher version of the SSQ was much lower ($r = 0.17$). The SSQ – PU correlated significantly with the youngsters' ratings of their social competence on the SCPQ – PU ($r = 0.31$), supporting the role of social skills in determining social competence. However, self-ratings on the SSQ – PU did not differ significantly across the sociometric status groups. The meaning of this result is unclear. One possibility is that youngsters are not as good at assessing their own social responding as parents and teachers are.

The Social Worries Questionnaires

Social Worries Questionnaire – Teachers (SWQ – T)

The teacher version of the SWQ involves eight items relating to social-evaluative fears at school. Responses on the SWQ were obtained from teachers for 313 youngsters aged 8–17. The internal consistency of the scale was extremely high, with Guttman split-half reliability of 0.93 and coefficient alpha of 0.96. All item–total correlations exceeded 0.77. Factor analysis revealed a single factor accounting for 79 per cent of the variance in scores, indicating that the items were assessing a single dimension.

The normative data revealed significant differences across the age groups and by gender, indicating the need to use the appropriate norms for each age group and sex.

Table 3 Means and standard deviations for teacher ratings on the Social Worries Questionnaire – Teachers

Age	Female			Male			Total male and female		
	Mean	Standard deviation	Sample size (n)	Mean	Standard deviation	Sample size (n)	Mean	Standard deviation	Sample size (n)
8–11	2.08	2.67	58	2.94	3.00	36	2.42	2.82	94
12–14	9.83	6.00	71	2.39	3.56	71	6.11	6.17	142
15–17	3.62	4.07	29	5.54	5.08	48	4.82	3.95	77
Total (8–17)	5.85	5.91	158	3.50	3.74	155	4.68	5.08	313

NB: High scores indicate greater levels of social worries

Table 3 outlines the mean total scores for each age group and gender. This table demonstrates that teachers report girls to show a marked increase in school-related social worries between 12 and 14 years, whereas boys tend to show an increase in social fears in the 15–17 age band.

The teacher ratings on the SWQ – T were compared with the parent and child responses to the SWQ. The results showed that the SWQ – T correlated significantly with parent ratings of the youngsters’ social worries at home ($r = 0.25$) but not with the children’s ratings of their own social fears. The SWQ – T did correlate significantly and negatively with teacher ratings of social competence with peers ($r = -0.25$) and social skills ($r = -0.23$), suggesting that children who are more socially anxious tend to be less socially successful in relationships with peers and less socially skilled. It is unclear why the teacher ratings of social anxiety did not correlate with the children’s ratings on this measure, given that there were several items in common to the two versions of the questionnaire. There is some evidence for the validity of the scale in that a significant difference was found in total scores on the SWQ – T for teacher ratings of children across different sociometric status groups. Children who were rejected by the peer group were rated as having more social-evaluative fears at school (mean score = 6.50) compared to popular youngsters (mean score = 3.40). Quite what this means is unclear, and it is interesting to find that rejected children who are actively disliked by their peers are being rated as more socially anxious by their teachers. One possibility is that these youngsters are not actually more socially anxious, but are rated as avoiding certain social situations because of non-compliance problems, rather than a fear of the situation. Further research would be interesting in order to explain this finding.

Social Worries Questionnaire – Parent(s) (SWQ – P)

The parent version of the Social Worries Questionnaire contains ten items relating to fear and avoidance of social-evaluative situations. Responses to the SWQ – P were collected from parents for 187 youngsters. The internal reliability of the scale was

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found to be very high, with a Guttman split-half reliability coefficient of 0.93 and coefficient alpha of 0.94. All item–total correlations exceeded 0.64. Factor analysis revealed a single factor accounting for 66 per cent of the variance in test scores, confirming that the scale was measuring a single dimension.

Normative data showed that there were no significant differences in scores across the different age groups or between the sexes, **with the mean total score being 6.42 (Standard deviation = 6.17)**. Correlations between the parent response on the SWQ – P and the youngsters' and teachers' reports were significant but weak ($r = 0.28$ with child response; $r = 0.25$ with teacher response). Although this provides some support for the validity of the scale, the weak correlations suggest that perhaps parents and/or teachers are not particularly sensitive to the social worries of young people. It is planned to conduct further studies with clinically referred shy and socially anxious children and adolescents in order to investigate the validity of the Social Worries Questionnaires in more depth.

When parent responses to the SWQ – P were compared for children of different sociometric status groups, no statistically significant differences were found. There was certainly a trend, however, which suggested that both rejected (mean score = 7.00) and neglected youngsters (mean score = 8.44) were rated as being more socially anxious by parents compared to popular children (mean score = 3.96). Average status children were rated in the middle (mean score = 6.00). This finding is interesting because the neglected children, who are not actively disliked, but who also receive very few positive votes from their peers, are also being rated as higher by their parents on this measure of social anxiety. These children tend not to be noticed by other children, being neither liked nor disliked, having few friends without being actively disliked. It is very likely that many of these children are shy and socially anxious, thus providing further support for the validity of the SWQ – P.

Social Worries Questionnaire – Pupil (SWQ – PU)

The pupil version of the SWQ contains 13 items relating to worries about and avoidance of social-evaluative situations in various settings. The psychometric properties of the scale were evaluated with 386 youngsters aged 8–17. The internal reliability was found to be good with a Guttman split-half reliability of 0.77 and coefficient alpha of 0.84. All item–total correlations exceeded 0.35. Factor analysis using principal components extraction followed by varimax rotation revealed a single factor accounting for 35 per cent of the variance in test responses. All items loaded on this factor with a loading greater than 0.45.

Analysis of the normative data revealed that there were no significant differences in mean total score across the different age groups or between the sexes. **The overall sample mean for the total score was 8.44 (Standard deviation = 5.3)**. Table 4 summarizes the normative data for the parent and pupil versions of the questionnaires.

The construct validity of the scale was examined by comparison with response to an independent social anxiety questionnaire. Children's responses on the SWQ – PU were compared with those on the Children's Social Fears Questionnaire (Spence,

Table 4 Means and standard deviations for parent and pupil versions of the Social Skills Questionnaire, Social Competence with Peers Questionnaire and Social Worries Questionnaire

	Mean total score	Standard deviation	Sample size
Social Skills Questionnaire – Parent(s)	46.11	9.03	187
Social Skills Questionnaire – Pupil	47.15	6.59	386
Social Competence with Peers Questionnaire – Parent(s)	14.82	3.12	187
Social Competence with Peers Questionnaire – Pupil	15.53	3.17	386
Social Worries Questionnaire – Parent(s)	6.42	6.17	187
Social Worries Questionnaire – Pupil	8.44	5.30	386

NB: High scores indicate greater social skills and social competence and greater levels of social worries

1993). This scale involves 12 items which examine affective and cognitive fear responses to six social-evaluative situations (walking into a room full of strangers; approaching a group of classmates to join in; using the telephone; going to a party; telling someone that you do not agree with them or do not like what they are doing; performing in front of the class). The correlation between responses on the SWQ – PU and the Children’s Social Fears Questionnaire was 0.70 for the 376 youngsters. This high correlation suggests that the two questionnaires are assessing the same construct, despite approaching the assessment of social anxiety from different perspectives.

Correlations between the youngsters’ reports on the SWQ – PU and parent and teacher responses to this scale were less impressive. There was a significant but low correlation with the parent version of the SWQ ($r = 0.29$) but not with the teacher version. However, child response on the SWQ – PU did correlate significantly with self-ratings of social competence with peers ($r = 0.28$) and parent ratings of social competence with peers ($r = 0.31$). Comparison between social worry scores for youngsters of different sociometric status groups did not show any statistically significant differences between groups, although the mean total score for the rejected sample was 10.30 compared to a mean score of 7.14 for popular peers and 8.4 for average social status youngsters.

Discussion

Overall, the Social Competence with Peers, Social Skills and Social Worries Questionnaires were found to be psychometrically sound, with considerable evidence to confirm that the scales are measuring what they purport to measure. The internal consistency coefficients for all three measures were found to be high

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across teacher, parent and child versions. On the Social Skills Questionnaire, the same factor structure was found for teachers, parents and pupils and reflected three factors relating to: conflict resolution/avoidance; expression of warmth and empathy; and social involvement. These factors were significantly correlated with each other, justifying the use of a total score as an overall measure of social skilfulness.

The intercorrelations between parent, teacher and pupil versions of the Social Skills, Competence with Peers and Worries questionnaires were generally good. Significant correlations were also found between the questionnaires for each respondent. The construct validity of the scales was supported through the finding of a significant association between pupil, parent and teacher responses to the questionnaires and children's sociometric status in the peer group. For example, teacher ratings of youngsters' social skilfulness, social anxiety and social competence were significantly poorer for those judged to be rejected by the peer group compared to popular and average social status peers. Similarly, parents' ratings of their child's social skills and social competence were significantly lower for children who were rejected by their peers compared to their popular counterparts. Rejected children were also more likely to rate themselves as being lower on social competence and as having more social worries compared to popular and average social status peers.

It is hoped that other practitioners and researchers will continue to investigate the properties of these measures in order to provide further support for their use in clinical practice. In particular, it would be valuable to obtain normative data from different cultural samples in order to examine possible cross-cultural differences. Although there are unlikely to be marked differences in normative scores across similar societies in Western cultures, it would be useful to confirm this point. Data is also required to determine the test-retest reliability of the scales. Although the questionnaires have proved to be valuable in clinical practice, large-scale controlled-outcome studies would be welcomed to confirm their sensitivity to change following training or intervention programmes.

Finally, it would be valuable to obtain further information about the sensitivity of the questionnaires in demonstrating differences in scores across groups of youngsters in which differences in scores would be expected. The variations in results for young people of differing sociometric status goes some way in this regard. It is hoped that further studies will be carried out with other groups of youngsters, such as clinically referred socially anxious children or those referred specifically to social skills training programmes. One would expect differences in parent, teacher and child responses on the questionnaires for these groups of youngsters in comparison to peers who do not experience interpersonal difficulties.

CHAPTER 2

The Effectiveness of Programmes to Enhance Social Competence

Introduction

The past decade has seen some exciting developments in programmes to enhance children's social competence, both in the classroom and in clinical settings. This chapter reviews the major approaches used to improve children's social functioning and examines the effectiveness of these methods. Given that there are many reasons why a child experiences difficulty during interaction with others, it is not surprising that a wide range of methods have been developed to enhance social competence. For example, techniques to improve social competence have included reinforcement of appropriate social behaviour, social skills training, anxiety-reduction methods, cognitive restructuring and modification, social perception training and social problem-solving skills training.

Each approach to the enhancement of social competence is designed to tackle a different causal factor. Operant reinforcement programmes were developed on the assumption that current consequences of behaviour were acting to maintain inadequate social responding and that more desirable social behaviour would increase in frequency if it resulted in positive consequences for the child. Operant reinforcement approaches typically set up a situation in which youngsters receive positive consequences for engaging in some target response, such as interacting with a peer. The aim is to increase the youngster's use of the target behaviour. The operant approach assumes that the person already knows how to perform the response but is not doing so.

Social skills training methods, on the other hand, developed from the assumption that the person does not already have the necessary skills to perform a target response appropriately. The aim is therefore to teach those behavioural responses which are necessary for successful outcomes in social situations to individuals who lack such social skills. Anxiety management methods were deemed appropriate for those individuals who were assumed to have the necessary social skills, but who were either inhibited from using their skills or who avoided certain social situations as the result of anxiety. Similarly, cognitive restructuring methods were designed to reduce negative or maladaptive thoughts and attitudes which may lead a person to behave in a way that causes interpersonal difficulties. Social perception training represents another form of intervention that may be important for people whose inappropriate social behaviour stems from errors in the perception or interpretation of other people's social cues. Finally, social problem-solving skills training was developed to teach children to work out appropriate ways of dealing with social situations, rather than using unsuccessful strategies.

Chapter 2 in the *User's Guide* stressed the need for individual tailoring of intervention programmes for each person according to the outcome of assessment. The methods used in the *Social Skills Training* social enhancement programme are therefore designed to bring about change in the area suggested to account for the child's social problems and which are identified during assessment. This is an important point, as youngsters with interpersonal problems can prove to be markedly different from each other in the nature of their difficulties. Unfortunately, many studies investigating the treatment of social inadequacy have failed to assess each child to ensure that the assumed problem, such as social skills deficits or maladaptive cognitions, actually exists. This problem makes it hard to work out how effective social enhancement programmes are, because the interventions used may not be of relevance to some of the children involved.

Some programmes attempt to overcome the lack of individual assessment and personally tailored interventions by incorporating a wide range of therapy techniques within a package approach. Such packages frequently involve numerous components such as the training of basic and complex motor social skills, relaxation training, systematic desensitization, social problem-solving and social perception skills. These package attempts may still be criticized, however, on the grounds of inefficient use of therapist and client time. Package approaches are based on the assumption that some of the content will be applicable to some of the youngsters some of the time.

Methods of Enhancing Interpersonal Competence and their Effectiveness

The following section discusses the effectiveness of the most widely used approaches to the enhancement of social competence amongst children and adolescents. Each approach will be discussed separately, prior to a review of more complex programmes that incorporate a variety of social enhancement methods.

Behavioural Social Skills Training

Social skills training (SST) was developed as a technique for teaching basic micro-skills and strategies of responding to persons deficient in such skills. The teaching methods used are similar to those involved in training other motor skills, such as playing tennis. These methods include instructions and discussion, modelling, behaviour rehearsal (that is, practice), feedback, reinforcement and home-based tasks. Most current approaches to the teaching of social skills combine the training of micro-skills (for example, eye contact, appropriate voice volume or posture) with more complicated strategies of responding (for example, giving a compliment, making a complaint or refusing an unreasonable request). There are several practical texts available which outline the content of SST programmes, such as Cartledge and Milburn (1986), Spence (1980) and Matson and Ollendick (1988).

The effectiveness of the components of behavioural social skills training

It has generally been found that the individual components of social skills training, namely verbal tuition, practice, feedback and reinforcement, can be effective in producing some degree of improvement in social behaviour when used on their own. The effectiveness of intervention, however, is typically better when the methods are combined.

Verbal tuition, in the form of giving instructions, verbal coaching and discussion of the target skills, is typically included in social skills training programmes. Indeed, it seems that for some clients, merely discussing problem situations and ways of dealing with them may be sufficient to result in a marked improvement in social competence with both children and adolescents (Sarason and Ganzer, 1973; Tanner and Holliman, 1988). The generalization of improvements in social responding to more naturalistic situations appears to be superior if discussion is combined with more direct teaching methods, such as modelling and roleplay (Tanner and Holliman, 1988).

Modelling involves the demonstration of a particular skill or behaviour by another individual, while being observed by the trainee. Various types of modelling can be used, including demonstration by the trainer, videotaped or audiotaped modelling, or live modelling by other persons within the group. Modelling when used on its own may produce some improvement in the target behaviour. The durability and transfer of benefits beyond the training situation, however, are questionable and modelling is generally used as part of the overall SST package. Most authors, following the work of Bandura (1977), have stressed the need to use models of similar age, sex and status to the clients in order to produce maximal learning. It has also been suggested that showing that the model's performance leads to positive rather than negative consequences increases the likelihood of imitation (ibid.).

Several early studies looked at the impact of modelling on children's social behaviour. O'Connor (1969) worked with six children who were identified by their teachers as being long-standing social isolates. These children were shown a short film which depicted an initially withdrawn child engaging in progressively more complex social interaction with peers. A control group of seven children was shown a film in which the content was not related to social interaction. After viewing the film, an increase in the frequency of social interaction was found in the children who watched the modelling demonstration, up to the level shown by non-isolated children. It is now accepted that this type of modelling has limitations in that the effects are not long-lasting and is only useful in increasing the use of skills that the children already have. Improvements are not typically found for skills that are not already in the child's repertoire (Keller and Carlson, 1974). Thus, it is important that modelling is used in conjunction with methods such as direct instruction, practice and coaching to teach the use of new skills.

Practice through roleplay or behaviour rehearsal forms an important component

of social skills training. After the trainees have observed the model's performance, SST typically encourages practice of the target skill. Practice of social skills tends to be more effective when combined with modelling (Friedman, 1971; Prince, 1975). It makes sense to suggest that some instruction in how to perform a skill is necessary before practice is commenced, in order for skill improvement to occur.

Feedback to clients about the adequacy of their performance is another major feature of SST. It may take the form of comments by the therapist and/or group members about which behaviours were performed correctly and which require change, or it may involve audio- or videotaped playback. The outcome of research concerning the effectiveness of feedback as a teaching method has been mixed but it generally appears that feedback adds to the effectiveness of other training components (Twentyman and Zimering, 1979).

Reinforcement methods are also important in the shaping-up of target behaviours towards successive approximations to the final goal. Most authors have stressed the value of social reinforcement in the forms of praise and approval from the therapist and group members. Other forms of reinforcement which may be used within SST programmes include financial contingencies, tokens and self-reinforcement. Critics of reinforcement approaches have suggested that rewarding appropriate social behaviour will only be beneficial if the child is also trained in the skills needed for successful interaction. This criticism is based on the assumption that the trainees do not have the necessary skills to interact appropriately and that direct tuition is therefore needed before a reward programme can be used successfully to increase target behaviours.

There is an interesting alternative point of view, however, which suggests that children will naturally develop social skills if they are given the chance to take part in positive interaction with other children, and that reward for the use of desirable social skills will enhance this process. Interestingly, evidence suggests that this can be the case and supports the use of reinforcement programmes if they are implemented in a situation that is designed to produce the opportunity for positive interaction with peers. For example, Anderson *et al.* (1987) applied a point system to increase social skills in a basketball group. The social skills group were told that they could earn points for appropriate social behaviour, which included interacting co-operatively, sharing the ball, cheering the performance of team-mates, and so forth. Observation of the three boys who participated in this intervention showed a marked improvement in their prosocial behaviour on the court and also during a free play period. Although this result is encouraging, it is difficult to draw conclusions from the study. No follow-up was reported, so we do not know whether the improvements continued when the point system ended, and only three boys took part in the programme. Furthermore, some increase in prosocial behaviours was also found in the boys who just received points for sports performance. Nevertheless, despite these limitations, it would be a good idea for researchers to examine the effectiveness of this intervention with a much larger sample of children.

Kohler and Fowler (1985) also reported the successful use of a reinforcement programme in which three girls were rewarded with stickers for use of appropriate

interaction skills. A context of positive interaction with the peer group was created by training other classmates to direct invitations to the targeted children, for which they could also earn stickers. This programme was successful in increasing acceptance of invitations, giving of invitations, use of polite comments and reduction in negative verbal behaviours.

Thus, the results of these two studies suggest that naturally occurring developments in social skills can occur when opportunities for positive interaction with peers are created and combined with a reward system. It seems that, for some children who show poor social behaviours, direct instruction methods are not necessary and creation of positive social opportunities, combined with positive consequences, is sufficient to produce improved social responding.

Most SST programmes have involved the setting of home-based tasks in which the trainee is requested to practise the skills learned in the session. The rehearsal of new skills in real-life situations in addition to the training setting is suggested to facilitate the carry-over of improvements in performance to the natural setting (Goldstein *et al.*, 1978; Lalli *et al.*, 1991).

The effectiveness of multi-component behavioural social skills training programmes

Given the evidence that the various components of SST programmes are generally most effective when used in combination, the majority of current interventions combine the use of verbal tuition, modelling, practice, feedback and home-based tasks. In order to evaluate the effectiveness of behavioural SST, it is important to ensure that the studies examined do not include other methods of enhancing social competence. Many intervention programmes quite appropriately include a variety of methods, such as relaxation training, teaching of social perception skills, interpersonal problem-solving skills training and cognitive restructuring, where appropriate to the child's needs. The studies reviewed in this section, however, have been selected as being restricted to the use of behavioural SST. Other methods are reviewed in later sections.

There is now a great deal of evidence to show that children can be taught to increase their use of a wide range of specific skills, such as eye contact, posture or facial expression. What is less certain is whether these improvements are long-lasting and carry over into real-life situations. Similarly, it is also unclear whether improvements in specific behaviours actually do have the desired effect of producing positive changes in social competence. In other words, we need to be sure that improving the use of specific responses produces a positive effect on the outcome of social interaction. Thus, it is important to check that positive changes are found on measures of social competence, such as peer popularity and quality of relationships with others. Some studies suggest that positive changes in skills can be produced and that these are long-lasting, generalize to real-life situations and produce improvements on measures of social competence. Other studies have not produced such positive results and we are a long way from being able to draw firm conclusions about the true value of behavioural SST. As discussed below, many of the research

studies have suffered from flaws in their design and this limits the conclusions that can be drawn.

Many of the very early investigations into the effectiveness of SST used single case designs to determine whether training produced improvements in skill performance. For example, Bornstein *et al.* (1977) reported the use of a combination of instructions, modelling, behaviour rehearsal and feedback with four unassertive children. Improvements in eye contact, audibility, frequency of requests and overall ratings of assertiveness were found from direct observation measures during roleplay. Other studies, using similar designs, have demonstrated that trained skills can carry over into natural settings such as the playground and free play (Lovejoy and Routh, 1988; Whitehill, 1978), but generalization to untrained situations is not always found (Hundert and Houghton, 1992). Conflicting results have also been found when it comes to the durability of improvements, with some studies finding that skills can be maintained over such periods as three months (for example, Spence and Marzillier, 1981) and others reporting deterioration of skill performance after the end of training (Lovejoy and Routh, 1988; Whitehill, 1978). Overall, the single case design studies suggest that behavioural SST can produce improvements in social skills performance in some circumstances with both unassertive/withdrawn children and aggressive youngsters.

Studies using larger samples of children have also produced mixed results, but again the encouraging conclusion is that some studies do suggest that SST can produce positive benefits for children and that these can be strong enough to produce improvements on measures of social competence. Some of these studies have been carried out in clinical settings, others within a school environment. Studies have also varied according to whether they were designed for general social development purposes for all children in a class, or for those who were selected for the programme on the basis of behavioural difficulties or demonstrated skill deficits.

Mize and Ladd (1990) stressed the need to select children for behavioural SST on the basis of having social skills deficits and not just because they are identified as having social relationship difficulties or behavioural problems. These authors point out that there are many possible explanations for behavioural problems or for being unpopular within the peer group, of which lack of social skills is just one. Given that many research studies and SST programmes select youngsters for intervention without checking whether there is a lack of social skills, this may explain the poor results of some studies. In Mize and Ladd's study, preschoolers who were low on sociometric status and also low on classroom use of social skills were randomly assigned to SST or an attention control group. Social skills training involved coaching in a range of peer interaction skills for eight 30-minute sessions. The results showed that SST was more effective than the attention control procedure in producing improvements in social knowledge relating to friendly strategies of responding, better use of pro-social target behaviour skills in the peer group and improvements in peer popularity. Unfortunately, many of the control children were not available at the four-week follow-up and thus it is difficult to draw conclusions about the longer-term effects of SST. Nevertheless, this study is important because it is one of the few

to demonstrate that increases in specific social skills and social knowledge are accompanied by improvements in children's social competence as measured by peer popularity. It is hoped that subsequent studies will demonstrate the degree to which improvements continue once SST ends.

It is encouraging to find that SST produces benefits with preschoolers, given that early intervention may prevent many of the more severe interpersonal difficulties that can develop in later childhood. Evidence suggests, however, that older children can also benefit from SST. In one of the early group design studies, Michelson *et al.* (1978) applied behavioural SST to teach assertive responding skills to elementary (primary) school children. Eighty children from two schools were randomly assigned to either eight hours of SST, 16 hours of SST or no contact. Training was conducted on a class basis and covered topics such as giving and receiving compliments and complaints, refusals, requesting favours and asking for explanations. Both eight and 16 hours of SST produced short-term improvements in self-report and teacher reports of assertive responding. These changes were not found for the no-contact control group. There was some evidence of better generalization and maintenance with the 16 hours of intervention, although follow-up was limited to four weeks.

Ladd (1981) also reported positive results from a social skills training programme with third-graders (around seven to eight years old) who were low in peer acceptance and were identified as having deficits in specific friendship skills in a natural play situation. The study compared eight sessions of behavioural SST with an attention placebo procedure which taught children to play games according to the rules, and with no intervention. The SST and attention control condition produced improvements in sociometric status and general social behaviour, but these benefits were not maintained for the attention control children. As expected, the SST method was the only condition to produce improvements in specific friendship skills. Children who received neither intervention did not improve on any measure. This study was particularly encouraging because it demonstrated that the benefits of SST can be strong enough to produce improvements in social competence as reflected by peer acceptance.

Social skills training can also be of benefit with aggressive elementary (primary) school children. Tanner and Holliman (1988) assigned 24 aggressive children to either assertiveness SST or a non-directive attention placebo condition. Their approach was based on a substitution model which proposed that aggressive behaviour would automatically reduce if assertive/appropriate responding increased. The training involved six sessions for one hour a week over a three-week period, and consisted of videotaped modelling, roleplays and home tasks. Improvements on teacher ratings of behaviour, reductions in physical and verbal aggression and increased co-operative interaction during free play were found for both the SST and attention control children. The SST children, however, showed better generalization of skills to a natural setting, which involved transportation home after the session. The attention procedure involved the non-directive production of a play and discussion relating to anger, which suggests that discussion of interpersonal problems may produce some benefits in its own right.

There have been many evaluations of the effectiveness of SST with elementary (primary) school children and not all of them have demonstrated positive improvements in terms of better sociometric status or reductions in behavioural problems (Liddle and Spence, 1990; Tiffen and Spence, 1986). It is possible that the negative findings in these studies reflected poor subject selection, in that the children were selected for SST on the basis of sociometric status (Tiffen and Spence, 1986) or depression (Liddle and Spence, 1990). As Mize and Ladd (1990) pointed out, SST can only be predicted to be beneficial for children with demonstrable social skills deficits.

With adolescent populations, there have also been many studies that have reported positive benefits of behavioural SST. Spence and Marzillier (1981) reported SST to be effective in producing improvements in specific social skills within the training situation with a large sample of adolescent male offenders. There was little evidence, however, of improvements in social responding in naturalistic situations and no impact upon subsequent re-offending. Again, the problem applies that it cannot be taken for granted that all young offenders, or indeed any group of behaviour problem children, can be assumed to have social skills deficits, even if they can be shown, as a group, to be less socially skilled. This criticism can be levelled at a great many social skills training studies, and the problem persists in the literature today.

Conduct-disordered youngsters are just one group of adolescents to whom SST has been applied. Social skills deficits are also likely to be found amongst unassertive, socially anxious, unpopular, attention deficit disorder and depressed adolescents. In comparison with preschool and elementary (primary) school-aged children, there has been relatively little research into the effectiveness of SST with adolescents (Furnham, 1986). The limited research available to date has produced encouraging findings, although, as with younger children, difficulties are still found in producing long-lasting benefits which generalize to real-life situations and produce improvements in social competence.

To summarize, the results of research studies suggest that behavioural SST can produce improvements in social skills performance with children of all ages, including adolescents. The gains are most strong for skill usage within the training setting, with studies varying in the degree to which skill improvements are long-lasting and generalize to naturalistic settings. Furthermore, although some studies report positive results, the increases in social skills are not always sufficiently strong to produce improvements in social competence measures such as peer popularity or teacher ratings of social competence.

Unfortunately, our conclusions are limited by methodological shortcomings in most outcome studies. For example, the reliability and validity of the outcome measures used in many studies is questionable. If observation methods are used, such as the coding or rating of specific behaviours during roleplayed interaction or naturalistic settings, the accuracy of the recordings is often limited. Furthermore, many studies have used roleplay in assessment, which is of questionable validity, given that the behaviour observed may not be representative of responses in the natural environment (Bellack, 1983). Long-term follow-up measures are frequently lacking,

or the follow-up period is of insufficient duration. Similarly, the assessment of generalization of behaviour change from the training situation to real-life settings is often not considered. All these limitations combine to make it difficult to determine the degree to which behavioural SST really is effective in producing improvements in specific behaviours, and whether the changes are long-lasting and occur in real-life situations.

Peer-Mediated Interventions

The failure of many studies to find sustained improvements in the use of trained skills, at least in natural situations (for example, Lovejoy and Routh, 1988), has led some practitioners to speculate as to why this should be the case. It was traditionally assumed that skill improvements should lead to more positive outcomes from social interaction, thereby maintaining the use of positive social skills. There is some evidence, however, that this does not necessarily occur following the training of peer interaction skills and that untrained peers typically do not respond positively towards unpopular children when they try to use their newly acquired social skills. For example, Lovejoy and Routh (1988) found that peers did not respond positively to attempts at prosocial behaviours from behaviourally disordered peers who had received SST. This may explain why some studies have failed to find improvements in popularity of children after SST. Various authors have suggested that rejected children in particular experience a negative labelling effect from other children, and that even when they attempt to behave in a positive way, their peers continue to respond negatively towards them and perceive them in a negative manner. Indeed, Hepler and Rose (1988) suggested that there is little point in improving the social skills of unpopular children unless attempts are also made to alter peer group behaviour towards these children. These authors reported a study in which low social-status elementary (primary) school children attended a small group SST programme along with their more popular peers. The intervention aimed to teach social skills to lower-status children, to help higher-status peers accept and include lower-status classmates and to train all children in effective strategies for resolving social problems. In addition to the SST components, the programme made use of activities that promoted interaction between high- and low-status children. The five low-status children in the sample all improved on roleplay measures of target skills and showed a reduction in negative peer nominations. No changes in peer sociometric ratings or positive nominations were found.

Guevremont *et al.* (1989) also stressed the need to ensure that positive social behaviour is reinforced by the peer group if social skills benefits are to be maintained. Their approach made use of peers as behaviour change agents to initiate and reinforce positive social behaviour of young children. Similar methods have been used successfully to facilitate social skills development and integration into the peer group with youngsters who have an intellectual or sensory impairment. Guevremont and colleagues used a single case design methodology to assess the benefits of peer mediation with two socially isolated girls. Two or three helpers, who did not have interpersonal difficulties, were appointed for each girl and were taught to use four

interaction skills, namely initiating interaction, responding to refusals, maintaining interaction and responding. The helpers could earn stickers and back-up rewards (hamburgers!) for playing with their target child.

The results demonstrated an extremely positive outcome. The low interaction target girls showed an increase in the frequency of interaction with the helpers but, more interestingly, they also showed an increase in interaction frequency with other children in the peer group. When the contingencies were withdrawn, so that the helpers were no longer rewarded for playing with the target child, the two socially isolated girls showed a decrease in interaction with the helpers, but continued to interact more often with the other children. The improvements also generalized to a situation in which the helpers were not reinforced, and interaction with other peers also increased here too. At follow-up, the target girls continued to interact more often with other children, but not the helpers. Decreases in self-reported childhood depression and loneliness scores were also found. Overall, this study suggests that attempts to change the response patterns of the peer group towards socially isolated classmates can be effective in bringing about long-term benefits in social interaction patterns. Certainly, studies of this type indicate the potential value of ensuring that newly acquired skills lead to positive outcomes in the peer group.

Enhancing Social-Cognitive Skills

Attempts have been made to teach various aspects of social cognition, such as social perception, social problem-solving and self-instruction skills. In most instances, training of these skills has been carried out as part of a package intervention programme. It is possible, however, to find studies which have focused on specific areas of social cognition during intervention.

Social perception skills training

As described in Chapter 1 of the *User's Guide*, social perception is the ability to receive and translate social cues accurately in order to interpret the feelings and intentions of others, and the ability to discern the particular norms and conventions operating in a given social interaction. Although social perception training has been included as a component of many social skills training programmes, the emphasis has mainly been on the decoding of information conveyed from facial expression, posture, gestures and tone of voice. Furthermore, there is actually very little evidence to determine whether such training is effective and whether the inclusion of this therapy component adds to the efficacy of overt behavioural SST.

One of the few studies to examine this area was reported by Milne and Spence (1987). In this study, 48 children aged 8–12 were selected on the basis of poor performance on a social perception test. The children were assigned to either social perception skills training, an attention placebo drama group or no intervention. Social perception skills training involved nine one-hour sessions over a five-week period. The session content included discussion about feelings, identification of

situations that cause different feelings, education about body messages, and specific practice in the decoding of facial expression, posture, gesture and tone of voice cues. Despite this intensive training, the children in the social perception skills training group did not improve their performance on the social perception test any more than the untrained children and did not show any significant changes in social competence. Milne and Spence caution about the assumption that social perception skills can be easily trained. Thus, it is important that trainers check their attempts to teach social perception skills are actually being effective. For some children, it is possible that difficulties in social perception skills reflect a more global learning disability, and more intensive education methods may be needed in order to ensure that social perception skills are learned.

The areas of role-taking, social perspective-taking skills and empathy skills have frequently been included under the topic of interpersonal perception. Unfortunately, the main emphasis of research has been on the existence, importance and use of such skills rather than on their enhancement (Hughes, 1978). Thus, it is difficult to draw conclusions as to the effectiveness of current methods of teaching these skills.

Given the lack of evaluative research in the area of training in social perception skills, few conclusions can be drawn. It would seem that further developments are urgently needed, given the enormous impact that deficits in social-perception skills may have on social competence (Morrison and Bellack, 1981).

Social problem-solving skills training

Many programmes have attempted to teach social problem-solving skills to children. Their aim is to teach youngsters to identify the presence of a problem situation, to identify a range of alternative responses, to predict the likely outcomes of each alternative and then select the response most likely to lead to a successful outcome. In some instances, these programmes have taken a preventative approach, based upon the assumption that deficits in interpersonal problem-solving skills are associated with later social adjustment difficulties. The content of such interventions is typically designed for teachers to use as part of the classroom curriculum. Perhaps the most well known social problem-solving curriculum was produced by Spivack and Shure (1974; 1976) for use with preschoolers. During this ten-week intervention a wide range of social conflict situations were enacted using stories, games, puppets and roleplays to teach children to identify problems, generate alternative solutions and predict likely consequences. The children were then encouraged to practise appropriate solutions and were given feedback about their performance. Spivack and Shure reported this approach to be more effective than control conditions in improving performance on tests of social problem-solving ability and increasing teacher ratings of adjustment. These benefits were found to be maintained at one- and two-year follow-ups. Of particular interest were the findings that improvements in social-cognitive skills were associated with improvements in behavioural adjustment and that children who were rated initially as most maladjusted showed the most benefit from the programme. Weissberg *et al.* (1981) also reported positive results with a similar programme for third grade children (around seven to eight years old).

Not all studies have found social problem-solving skills training to be as beneficial as Spivack and Shure. For example, Allen *et al.* (1976) trained teachers to teach social problem-solving skills to socially isolated third and fourth grade children. The intervention involved 24 sessions, over a 12 week period. Although the results showed improvements in social problem-solving skills and increased frequency of interaction, no differences were found on measures of teacher judgements of social behaviour, self-esteem or peer sociometric status. Nelson and Carson (1988) suggested that changes in the social problem-solving approach may need to be made for older children. They point out that the Spivack and Shure approach emphasizes the number of alternative solutions as being related to behavioural adjustment in preschoolers, whereas Rubin and Krasnor (1986) suggest that it is the quality, rather than quantity, of solutions that predict social competence in older children.

Nelson and Carson (1988) investigated the effectiveness of social problem-solving skills training with third and fourth graders (around seven to nine years old), attempting to focus on quality rather than quantity of solutions to interpersonal situations. They also made considerable attempts to facilitate the generalization of training into real-life situations by including a daily discussion between teachers and pupils, self-monitoring of social behaviour and peer pairing activities in between sessions. The content of training was based on the Rochester programme developed by Weissberg *et al.* (1981), which had previously produced positive results. The results of the study were disappointing. Although the trained children did show improvements in social problem-solving skills, this change was also found for a control class of children who did not take part in the programme. Thus, the improvements could have reflected normal developmental changes. No improvements were found on measures of child behaviour and sociometric status. Furthermore, the improvements in social problem-solving abilities were not significantly associated with positive changes in social behaviour. The lack of relationship between social behaviour and social problem-solving skills in this study does bring into question whether social problem-solving skills really do play a fundamental role in determining the social behaviour of older children.

Although the results of social problem-solving skills training studies have produced conflicting results, it is important to bear in mind Spivack and Shure's early findings (1974) that children who were judged to be more maladjusted tended to respond better to their intervention. It seems sensible to suggest that social problem-solving skills training is most likely to be beneficial for children who have deficits in such skills. The classroom-based studies generally included all youngsters in the programme and did not select children on the basis of social problem-solving skills deficits. Research studies are needed which investigate whether social problem-solving skills training is effective with children who have demonstrable weaknesses in social problem-solving skills. Given that it is likely that many youngsters who experience problems of social competence are likely to have social problem-solving skills deficits, the continued inclusion of social problem-solving training in social enhancement programmes can be justified. Indeed, Dodge (1986) provides evidence to demonstrate that aggressive children tend to have poor interpersonal solving

skills. This is also likely to be true for children with other forms of interpersonal difficulties.

Self-instructional training

Many social enhancement programmes make use of self-instructional training to teach children to implement the strategies they are taught. Self-instruction training is based on the premise that children learn to control their behaviour through the use of internal instructions (see Chapter 3 of the *User's Guide* for more detail). Children generally pass through a series of developmental stages, from the point at which their behaviour is controlled through the commands of others, to a stage in which they instruct themselves out loud, and finally to the control of behaviour through inner, silent speech. Self-instruction training was developed as a technique to make use of this normal developmental sequence to teach children to control their behaviour. In an early study, Meichenbaum and Goodman (1971) demonstrated self-instruction training to be effective in reducing impulsivity in children. Since that time, self-instruction training has been incorporated into several social enhancement programmes, particularly as a way of teaching social problem-solving skills. Camp and Bash (1981) pioneered this work to enhance social competence with aggressive youngsters and have developed a series of detailed manuals for the teaching of problem-solving skills to children of varying ages. Petersen and Gannoni (1992) also include the use of self-instruction training to teach problem-solving skills in a classroom curriculum for children and adolescents.

It is not clear whether self-instruction training does add to the effectiveness of social problem-solving skills training, nor whether it is a necessary component of intervention. This approach is included in *Social Skills Training* as it provides a useful way for the trainer to prompt youngsters to use the techniques involved. It remains to be determined whether this is the best way to teach the use of social problem-solving and other interpersonal skills.

Affect and Physiological Control Techniques

Anxiety reduction

The importance of the affective and physiological arousal components of social anxiety in the development and maintenance of social inadequacy are emphasized in Chapter 1 of the *User's Guide*. For some children, the use of social skills may be inhibited by high levels of anxiety or they may avoid certain social situations, thereby producing interpersonal difficulties (Curran, 1977). In such cases, it is important that therapy focuses on teaching anxiety reduction methods. The most widely used methods of anxiety reduction include relaxation training and graded exposure to feared situations. Unfortunately, there is very little research into the effectiveness of social anxiety reduction methods with children, but studies with adults demonstrate relaxation and graded exposure to feared situations to be beneficial. Interestingly, studies with adults suggest that SST can also reduce social anxiety, probably because the training sessions provide a protected and non-threatening environment in which to learn to deal with social interaction (Wlazlo et al. 1990).

Anger control

The inability to self-regulate the emotion and physiological components of anger has been suggested to account for some instances of inappropriate social responding in stressful or provocative interaction (Novaco, 1975, 1976, 1977). In order to enhance control over anger, Novaco stressed the need to focus on cognitive, physiological, affective and behavioural response. This has led to the development of an extensive programme for anger control, incorporating various cognitive modification procedures, relaxation and overt behavioural SST methods. Typically clients are taught to identify the situations which tend to trigger off anger responses and to notice the physiological reactions that indicate the early stages of anger emotions. Once this step has been achieved, clients are trained to stop rather than react when they observe the trigger situations and physiological responses. They are then trained to relax and to use interpersonal problem-solving strategies as outlined above in order to select socially appropriate responses. Self-talk strategies may be used to teach people to carry out the necessary problem-solving steps. Social skills training methods are then used to teach the client how to perform appropriate responses in a competent manner. At a cognitive level, therapy aims to correct faulty appraisals, attributions and expectations, and to challenge negative self-statements, as described in the next section. Novaco has reported several studies in which this combined approach was effective in teaching anger control with adults. Stern and Fodor (1989) reviewed the literature concerning anger management with children and concluded that there is a lack of evidence to allow conclusions to be drawn as to the effectiveness of the Novaco approach with youngsters. Nevertheless, the approach seems to make a great deal of sense with youngsters who have difficulties with anger management.

Reducing unhelpful cognitions

Three types of cognitive intervention methods have already been mentioned: the training of social perception, social problem-solving skills and use of self-talk strategies. Self-monitoring, self-evaluation and self-reinforcement techniques are other techniques which may play a part in social enhancement programmes. The need to reduce pessimistic, self-critical and other unhelpful thoughts with some children was also stressed in Chapter 1 of the *User's Guide*. Very little research has been conducted to evaluate the effectiveness of cognitive restructuring methods in the development of social competence with children. Even with adults, there is a lack of research and the few studies available have tended to focus on social phobia. The results here have been encouraging and several studies have demonstrated the benefits of cognitive restructuring methods in the treatment of social phobia (Heimberg, 1989). In view of the positive results with social phobia in adults, it would seem appropriate to suggest that cognitive restructuring methods, such as those of Beck (1976) or Ellis (1958), may be beneficial with older children whose social behaviour is negatively influenced by unhelpful thoughts, attitudes and beliefs. Such methods form an integral part of the *Social Skills Training* programme for older children and adolescents.

Integrated Social Enhancement Programmes

The studies discussed above were selected because they looked at the effectiveness of particular approaches to the enhancement of social competence. The approach taken in *Social Skills Training* attempts to integrate the major approaches to social enhancement in order to tackle the most important factors that influence the quality of relationships with others. Thus, the programme outlined in Chapter 4 of the *User's Guide* includes components relating to the training of basic behavioural social skills, social perception skills, social problem-solving skills, relaxation training, and restructuring of unhelpful, negative thoughts (for older children). These skills are taught within a framework of self-instructional training.

Intervention should ideally be tailored to the needs of the individual children, given that there may be differing reasons why each youngster is having interpersonal problems. If a package approach is used, then it is likely that some of the components may not be relevant to some of the children some of the time, thereby reducing the effectiveness of the intervention. To date, there is a lack of evidence to determine whether it is more effective to use individually tailored interventions compared to package interventions, although it makes sense to suggest that this should be the case. *Social Skills Training* gives practitioners the option of designing their interventions to meet the needs of individual children (Chapter 3 of the *User's Guide*) or to use a pre-prepared programme (Chapter 4 of the *User's Guide*).

Summary

This chapter examined the effectiveness of the major methods which have been applied to the enhancement of social competence with children and adolescents. Even though many research studies have been conducted, we are still a long way from being able to draw conclusions as to the best way to improve youngster's social functioning. It is clear that skills training methods are effective in improving performance in the areas of behavioural social skills and interpersonal problem-solving skills. What is less clear is whether these changes are long-lasting and result in improvements in social responding in everyday, natural interaction with others. Similarly, we cannot draw conclusions about the value of these types of interventions in terms of the impact upon social competence, as measured by the quality of relationships with adults and peers. Studies have generally produced conflicting results in this regard.

Unfortunately, many of the studies available to date have problems in their experimental designs which limit the conclusions that can be drawn. For example, many studies have not evaluated long-term outcome and/or have not assessed whether the improvements carried over to real-life situations and produced beneficial changes in social competence. When negative findings have been produced, it can often be questioned whether the youngsters actually did have deficits in the skills being taught. Thus, intervention may have been inappropriate to many children. What we need are carefully designed studies which ensure that the youngsters selected do indeed

have weaknesses in the behaviours being taught. Long-term follow-ups and reliable and valid measures of generalization to real-life situations are also essential. The designs should also include adequate comparison groups to ensure that effects are not just the result of normal developmental changes or attentional factors.

It is important, however, not to be too pessimistic when reviewing the literature. It is clear that some studies have produced positive findings and that the results overall are sufficiently encouraging to warrant the continued use of programmes to enhance social competence. The literature also provides some hints as to the directions we should take in the future. One of the results that is consistently found is that improvements in behavioural and social-cognitive skills can be produced within the training setting, but it is harder to ensure that these improvements lead to long-lasting improvements in social behaviour in real-life situations. It is even harder to produce positive changes in the way that youngsters are viewed by others after they have had a long history of being viewed in a negative way. Recent studies have stressed the need to ensure that children receive positive responses from others when they try to change their behaviour and that, unless alternative measures are taken, trainees do not tend to be rewarded by others for positive social behaviour. It seems important therefore that interventions attempt to trigger positive peer and adult responses towards trainees when they try out their new social skills.

The issue of generalization of change to naturalistic settings has received widespread discussion in the literature. Many methods have been suggested to enhance generalization, including training in naturalistic settings, reinforcement of target skills outside of sessions, involvement of teachers, parents and peers and selection of relevant targets for the programme. Although much is made of this issue in the practical literature, there is a lack of research to guide us as to the most effective way of producing generalization of behaviour change. One recent development in this area has been the conduct of training in naturalistic settings, such as youth clubs or sports coaching. Indeed, it also seems possible that some degree of natural skill development can be triggered by providing opportunities for positive social interaction with peers, when combined with reinforcement for positive social responding. Consideration of all these variables was made in the development of the *Social Skills Training* programme.

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Many children and adolescents experience problems in their relationships with others. For some, these interpersonal difficulties are persistent and can interfere with long-term social adjustment. Identifying the problem areas and helping these young people enhance their social skills is therefore of great importance to teachers, psychologists and youth counsellors.

Social Skills Training: Enhancing Social Competence with Children and Adolescents is a resource for professionals who are involved with young people facing such problems. It provides the means to assess social competence and to design appropriate intervention programmes, which will change negative thinking patterns and develop self-esteem. *Social Skills Training* also examines the nature of social competence, the causes of relationship difficulties, the assessment of interpersonal problems and the effectiveness of intervention methods.

This **Research and Technical Supplement** contains information relating to questionnaire norms and details regarding the development of *Social Skills Training*. It also includes a comprehensive critique of the effectiveness of the whole range of programmes to improve social competence that have been developed by other researchers in the field.

Social Skills Training also includes:

- a **User's Guide**, which contains all the information required to assess the children and to run an enhancement programme;
- a **Photocopiable Resource Book** and eight **Photo Cards** for use in conjunction with the User's Guide.

Susan H. Spence is Director of Clinical Psychology Programs and Reader in Psychology at the University of Queensland, Australia. She has had much research published in the field of social skills training and is an acknowledged expert in her field.

