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Social skills deficits and social skills training

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Session contents

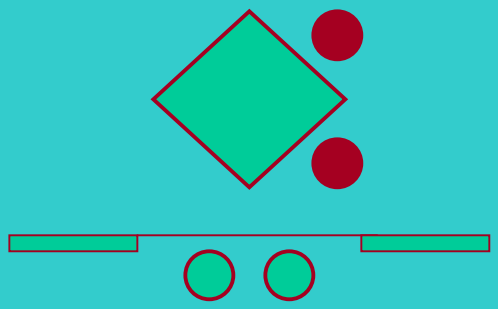
- History and background
- Definition of social skill
- Social skill deficits and psychological problems
- Assessment
- Models of training
- Training methods
- Evaluation and outcomes
- Implementation issues in clinical work

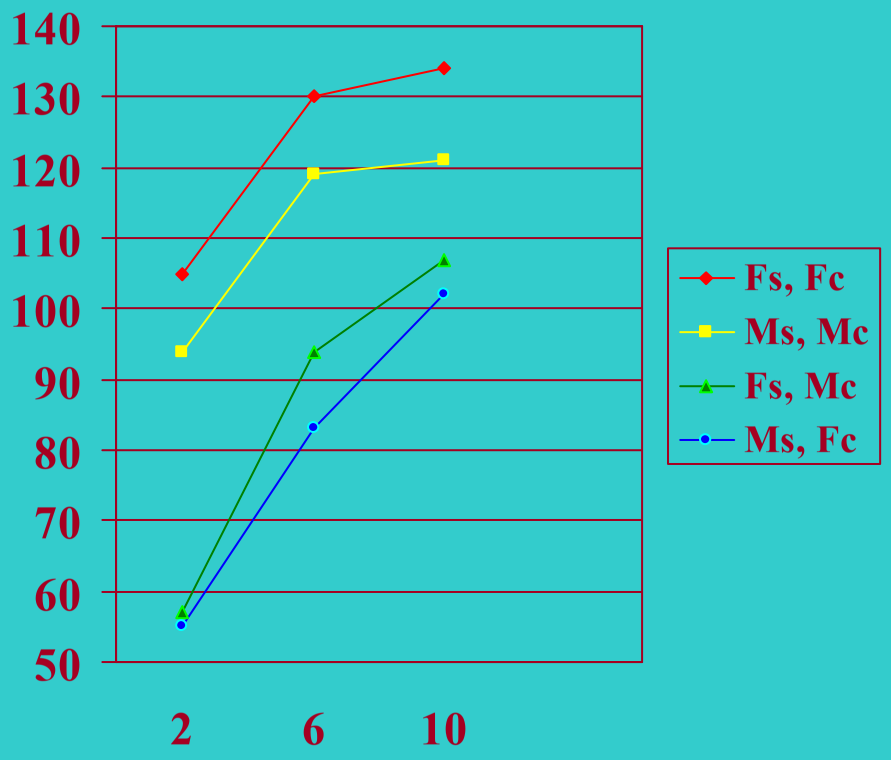
Origins of SST

- Social psychology research
  - social interaction
  - non-verbal communication
- Behavioural training
  - laboratory-based research
  - behaviour modification
- Clinical observations and research
  - behaviour and symptoms in mental illness

Research on NVC

This experiment involved measuring amounts of eye contact between two people conversing with each other across a table. Variables manipulated were (a) gender, (b) distance between the speakers.





The vertical axis shows eye contact time in seconds; the horizontal axis shows distance apart. Source: M. Argyle and J. Dean (1965), *Sociometry*,28, 289-304.

Social interaction and social phobia

- Relatively rare as a form of mono-symptomatic anxiety; usually seen in combination with other problems
- general surveys show high rates of shyness and other forms of interpersonal difficulty. This may contribute to loneliness and social isolation
- several models of social phobia: (a) skill deficit; (b) cognitive self-evaluation; (c) classical conditioning; (d) personality trait; (e) cognitive perspective-taking
- integrated model combines variables of motivation to impress and low 'impression-relevant' outcome expectations
- social anxious people are perceived as less socially skilled:
  - initiate fewer conversations
  - lower frequency and duration of speech
  - longer silences
  - less smiling
  - more limited facial expressions
  - speech dysfluencies
  - more fidgeting movements
- cognitive factors include negative self-statements and adoption of an 'observer' perspective during interaction

Social interaction in depression

- **Main findings most frequently reported:**
  - **lower social activity level**
  - **lower assertiveness**
  - **lower positive response rates**
  - **lower positive reaction rates**
  - **higher rate of self-reference in speech**
- **depressed clients report higher rates of interpersonal difficulties and perceive themselves as less socially skilled**
- **there are discrepancies between general interpersonal cues and specific behaviours**
- **inappropriate levels of self-disclosure are a possible factor but cannot explain interpersonal impact**
- **cognitive patterns of self-blame and expressions of hopelessness**
- **alienating effects on listeners: stronger for opposite-sex interactions; mediated by feelings induced in listeners**

Social interaction and schizophrenia

- 'Positive symptoms' in behaviour and speech perceived as socially inappropriate
- 'Negative symptoms' entail inappropriate affect, social withdrawal
- early research appeared to identify family interaction patterns that were 'schizophrenogenic'
- poor social interaction patterns are not now seen as aetiologically significant
- BUT onset of episodes may be associated with significant life events in the interpersonal domain
- there is an association between family interaction patterns and long-term progress and outcome (high EE)
- some research suggests features including (but results inconsistent):
  - low rates of eye contact
  - poor turn-taking in conversations
  - low sensitivity to non-verbal cues
  - inappropriate speech volume and tone
- differences observed depend on the conversational domain
- differences appear to exist in complex interactional variables, e.g. 'rewarding-ness', 'meshing' skills

Other clinical populations studied

- social isolated children and adolescents
- individuals with learning disabilities
- individuals with substance abuse problems
- individuals with physical disabilities
- offenders

Models of social skills training

- Skill deficit / motor skill model
  (Argyle)
- Assertion training / classical conditioning
  (Wolpe, Liberman)
- Activity / reinforcement scheduling
  (Lewinsohn)
- Cognitive-behavioural model
  (Trower)

Initial motor skill model

Training process

- Assessment
- Setting targets / objectives
- Training procedures
- Monitoring and evaluation

Assessment methods

- **Interview**
- **Behavioural assessment:**
  - **Structured self-report scales**
    - **problem behaviour checklists**
    - **situational questionnaires**
    - **skills inventories**
    - **self/other perceptions**
  - **Direct observation**
    - **use of naturalistic settings**
    - **self monitoring using logs or diaries**
    - **role-play tests (*brief; extended; replication*)**
- **Assessment tasks**
    - **photographs / slides**
    - **perspective-taking tests**

Rating scales

MOLECULAR

1 speech volume
2 speech latency
3 speech duration
4 speech dysfluencies
5 voice tone (affect)
6 frequency of smiles
7 eye contact
8 facial expressions
9 postural movement
10 gestures

MOLAR or GLOBAL

Skill Survey (Goldstein)

Social Situation Questionnaire (Trower)

MESSY (Matson)

Assertion Inventory (Rathus)

Issues in assessment

1. **Social skill deficit or the influence of:**
   - **emotional states?**
   - **cognitive factors?**
   - **low self-esteem?**
2. **Molar *versus* molecular target behaviours?**
3. **Response consequences *versus* response quality.**
4. **Situational influences on the effectiveness of responses.**
5. **Static *versus* dynamic assessment methods.**
6. **Availability and rate of occurrence of natural reinforcers.**
7. **Performance-class independence (situational specificity *versus* generalizability).**
8. **Use of frequency / duration measures and/or quality ratings.**
9. **Ecological validity of role-play tests.**

Basic components of training

- Instruction
- Modelling
- Practice / rehearsal
- Feedback

Specific training methods

- **INSTRUCTIONS**
  - social rules
  - examples of coping strategies
- **TRAINING EXERCISES**
  - modelling
  - shaping
  - successive approximation
  - coaching
  - behavioural assignments (homework)
- **PRACTICE AND FEEDBACK**
  - roleplay / behavioural rehearsal
  - imaginal rehearsal
  - reinforcement
  - self-monitoring / observer monitoring
  - goal achievement
  - generalization tests

Need to focus on…

(following Hollin, 1987)

1. **Social perception skills**
2. **Social cognition skills**
3. **Social performance**

Social problem-solving training

- problem awareness
- problem identification
- identifying feelings
- generating ideas (alternative thinking)
- means-end thinking
- consequential thinking
- decision-making
- social perspective-taking

Range of application of SST

- promoting social interaction
  - work with ‘asocial’ clients or groups
- basic interactive skills
  - identification and remediation of skills deficits of specific types
- vocational or professional skills
  - enhanced performance of specialised skills for specific contexts

Principal clinical applications

- social anxiety and social phobia
- schizophrenia / severe and enduring problems
- depression
- child and adolescent interpersonal problems
- clients with learning disabilities
- substance abuse and addictions
- offenders

Applications with other groups

- teachers
- social workers
- nursing staff
- other health professionals
- managers
- public relations staff
- inter-cultural communication

Meta-analytic reviews of social skills training and allied methods

REVIEWER (DATE)	NUMBER OF STUDIES	POPULATION	EFFECT SIZE
Benton & Schroeder (1990)	27	Diagnosed schizophrenics	0.76
Corrigan (1991)	73	Adults:	
		(a) developmentally disabled	2.07
		(b) psychotic	1.31
		(c) non-psychotic	1.33
		(d) offenders	1.06
Denham & Almeida (1987)	70	Children (ages 3 – 12)	
		(a) adjustment	0.58
		(b) problem-solving skills	0.78
		(c) behavioural ratings	0.26
		(d) observed behaviour	0.75
		(e) direct mediation	0.52
Schneider (1992)	79	Children (ages <5 – 17)	
		(a) all outcomes	0.40
		(b) social-behavioural outcomes	0.46

Major areas of research

- Inter-group comparisons
  - issue of validity
  - skill deficits *vs* other problems
- Components of training
  - relative efficacy
- Comparative outcome research
  - and links to other interventions
- Single case studies

Unresolved questions

- persistence / durability of changes
- generalization and transfer of skills
- relative effectiveness of components
- relationship between behavioural performance and other factors
- integration of SST in multi-model treatment plans