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# The Effectiveness of School-Oriented Behavioral Intervention Programs (Psychosocial Training) on Students' Social Skills

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### ABSTRACT

Behavioral disorders lead to many personal and social problems. Children diagnosed with these disorders cause problems for family, school and society. This research tries to study the effectiveness of school-oriented behavioral intervention programs (psychological training) on students' social skills. This research is a field study. The statistical population for this research included all 800 students of non-government elementary schools in Ardabil County during 2012-2013 school year. Convenience sampling was used as sampling method. The sample size was 60 and they were divided into 2 groups (training 30 individuals and control 30 individuals). The students were asked to fill out children social skills questionnaire, pretest-posttest Coopersmith self-esteem questionnaire. The data was analyzed via SPSS software and MANOVA. Research findings suggest that school-oriented behavioral intervention programs (psychological training) had a significant effect on increasing students' social skills and self-esteem. ( $p < 0.01$ ) Hence, it could be claimed that school-oriented behavioral intervention programs (psychological training) has a significant role in increasing students' social skills and self-esteem and this intervention should be included in schools' extra-curricular classes.

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**Keywords:** school-oriented behavioral intervention (psychological training), social skills, self-esteem.

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### INTRODUCTION

School is a social institution and presents a culture which transfers a certain way of thinking and worldview. In industrial societies, children begin school at the age of 5-7. School is a small social system in which children learn ethical principles, social norms, attitudes and methods of interacting with others and also educational skills. (Mansan et al., 2001) Unfortunately, social skills have always been neglected as a part of school subjects and they are only emphasized when students show an improper behavior which is in conflict with what is expected by the parents. Probably presence of such condition is related to the overemphasis of teachings related to skills which are valuable from teachers' viewpoint and the lack of sense of responsibility in teaching social skills which leads the teachers to suppose this issue is not a part of their duties. (Mansan et al., 2001)

The process of learning social skills and social adjustment in children has been discussed in cognitive psychology and especially in social cognitive subject. There are various definitions presented on social skills. Social cognition and skill is a process which enables children to perceive and predict the behavior of others, control their behavior and regulate their social interactions. Without acquiring social skills forming healthy relationships is not possible and the health of personal and social life is threatened and disturbed. Acquiring social skills is the basis for human socialization in all cultures which is emphasized in the past two or three centuries. Teaching social skills is based on this hypothesis that the majority of negative behaviors such as aggression is related to the lack of skills required for establishing effective interactions with peers; that is, it is expected that by teaching proper social skills, the negative behaviors are decreases in children. Teaching cognitive-social skills is a type of

social skills teaching which emphasizes the problem-solving skill. Its objective is to regulate, adjust and reconstruct the thinking process which is the foundation for negative behavior and it does not target the negative behaviors directly. Spence (2003) believes that social-cognitive skills training programs should include all components of learning, cognitive-social model of social skills training. This model includes almost all potential fields of social skill deficit and the methods necessary for compensating such deficits. Considering the social skills deficit hypothesis, the lack of manifestation of proper social skills could be due to the deficit in one of the three areas: knowledge related to the skill, skill performance, knowledge related to the proper areas in which the skill is used. (Spence, 2003)

In this process, acquisition and application of social skills and the method of establishing relation and interaction with others is one of the main components of social growth, especially among children and adolescents. According to the definition, social skills refer to the taught skills accepted by the society, the behaviors with which the individual could establish interactions with others that lead to positive responses and avoid negative responses. (Cartledge and Milburn, 1985)

Accordingly, social behavior impacts all aspects of children and adolescents' lives and affect their further psychological health, adaptation and happiness. The capabilities of the individual based on coping with others and performing desirable social behaviors indicate their popularity rate among their peers and also, among teachers, parents and other adults. The individual capability in social skills is directly related to the social growth of the individual, and the quality and quantity of the desirable social behaviors they display.

As Elksnin and Elksnin (2006) believe, social skills are capabilities which enable the individual to perform skillfully in social situations. Social skills are generally taught at home. However, not all children learn them, especially children who are diagnosed with behavioral problems. Children who do not learn social skills face problems in preserving their relationships with adults and they are unceasingly rejected by their friends and this issue endangers their psychological health. Additionally, these children confront issues at school. (Kulic, Dagley and Horne, 2001) Moreover, the school has a great role in increasing these skills in children, so that interventional programs at school could have a great impact on increasing the children skills. One of these programs is the behavioral intervention programs (psychosocial training) which includes a set of principles and methods for decreasing the problems and increasing social and communicative skills in students. (Rebecca, Newgent, Begrend et al., 2010)

For instance, one of the main programs in this intervention is that: none of the students should be labeled for their problems. Generally, this program includes 6 psychosocial training parts which include: 1. improving social skills 2. building and increasing self-esteem 3. developing problem-solving skills 4. assertiveness training 5. enhancing stress/coping skills 6. prevention of mental health problems/problem behaviors. (Rebecca et al., 2010) In fact, behavioral intervention (psychosocial training) is carried out based on these 6 components.

In a research entitled "School-Oriented Behavioral Intervention Programs (Psychological Training) on Students with Communicative and Social Skills", Rebecca et al. (2010) showed that this interventional program has a great impact on decreasing the behavioral problems, increasing self-esteem and self-perception in students.

Kuchaki (2005) studied the impact of social skills group training (from school-oriented intervention training programs) on personal-social adaptation of juvenile offenders with behavioral problems and came to this conclusion that therapeutic intervention leads to an increase in personal and social adaptation in these adolescents.

Teymuri et al. (2006) carried out a study entitled "School-Oriented Intervention Impact on Improving Health" to increase the psychical activities of female students in Sanandaj County. The intervention program included training and consulting sessions. In the assessment of the program, (school-oriented) intervention consequences had led to positive and significant impact on preparation progress improvement, improvement on self-efficacy and increase in exercise behavior among female adolescents.

In a study entitled "The Effectiveness of Problem-Solving Skills Teaching (From School-Oriented Intervention Training Programs) on Behavioral Problems among Children of Isfahan County, Karimi (2007) showed that problem-solving skills training has a considerable impact on decreasing children's behavioral problems.

In a research, Naderi et al. (2007) studied the impact of social skills group training on personal-social adaptation, aggression and self-esteem among female students at risk. Results suggested that social skills training leads to an increase in personal-social adaptation, decrease in aggression and increase in assertiveness among students.

In a study entitled "The Relation between Social Skills and Self-Efficacy and Tendency towards Drug Abuse among Adolescents", Abolqasemi, Purkurd and Narimani (2009) showed that there is a relationship between social skills and self-efficacy and tendency towards drug abuse among adolescents. The scores mean of social skills is 132.15, while the average mean of self-efficacy is 81.85 and tendency towards drug abuse is 21.30. Social skills 0.57 and self-efficacy have a correlation with the tendency towards drug abuse.

In a research entitled "The impact of School Interventions on the Refusal Skill in Junior High School Students", Aqajari et al. (2010) showed that life skills were effective on refusal skills of the experimental group. Adolescents were quickly affected by the environmental stimuli and carry out risky behaviors. The main cause of mortality among the youth and adults are formed and intensified during adolescence. The most convenient method to improve psychosocial capabilities in children and

adolescents is the intervention through school and refusal skills are among these skills. Hence, school interventions were carried out on refusal skills of junior high school students in Maraqe County. These skills were taught in seven sessions. Life skills trainings were effective in the experimental group.

In a study entitled “The Effect of School-Oriented Intervention based on Social-Cognitive Theory on Fruits and Vegetables Consumption among Junior High School Students in Tehran County”, ‘Abbasiyan (2011) showed that school-oriented intervention had a considerable impact on increase of fruits and vegetables consumption among students.

In a study, Reddy, Rabin and Russ (2004) studied the impact of social skills on decreasing behavioral disorders in students. Research results showed that social skills trainings had impacted on decreasing behavioral problems and also, in a 2-month follow-up in which teachers were asked about the change in trained children behaviors, the results showed that this method was effective and the problems were decreased in the follow-up.

In a study, Grasham, Van and Cook (2006), recommended social skills (anger, assertiveness, self-esteem, making friends, and effective communication) as the substitute behaviors for students at risk. They taught these skills to the aggressive children and adolescents who had emotional behavior disorders in 12 weeks. These skills included anger, friend making, assertiveness, self-esteem, and effective communication. And they finally came to this conclusion that social skills training had positive impact on the aforementioned variables.

In a research, Maskett (2009) studied the effect of intervention of social skills training in a group of students with behavioral and emotional issues. In this research, the intervention of social skills training included discussion, games, direction directions, role play and homework. Results showed that the students understood that the intervention had increased their social skills.

In a research, Bostic and Anderson (2009) studied the impact of an interventional program on students with low social skills, results suggested that there was a considerable improvement in the increase of social skills among students.

In a research on a sample of 12 elementary school students divided into two groups of emotional problems and behavioral problems, Maskett (2009) studied the impact of social skills training (from the training school-oriented intervention programs) intervention and showed that social skills training was effective in decreasing behavioral and emotional problems in students.

In a research, Botvin et al. (2012) studied the impact of school-oriented intervention and social skills trainings in school-oriented method on primary prevention of alcohol abuse (from behavioral problems complications) in students, and showed that school-oriented intervention had led to a decrease in alcohol abuse among students.

This research is carried out in line with the aforementioned importance and necessities and under the title of “The Effectiveness of School-Oriented Behavioral Intervention Programs (Psychosocial Training) on Students’ Social Skills”.

### ***Methodology***

The research method in this study is experimental which is carried out in the form of pretest-posttest with a control group. In this research, school-oriented behavioral intervention program (psychosocial training) was the independent variable and social skills was the dependent variable.

### ***Statistical Population***

The statistical population in this research included all 800 students of non-government elementary schools in Ardabil County.

### ***Sampling Method***

Convenience sampling was used as the sampling method in this research, so that in the first stage, students with low social skills were identified through questionnaire, teachers’ and parents’ opinions and in the second stage, 60 students were chosen and categorized in two groups (training 30 individuals and control 30 individuals). Delavar (2005) research method is used and for causal-comparative studies, 15 individuals in each group is enough, but in order to increase the external validity of the study, 30 individuals were chosen.

### ***Data Collection***

Questionnaire was used to collect data in this research, so that initially, by obtaining necessary permits, the researchers visited non-government elementary schools (five schools) in Ardabil County and through teachers’ opinions, students with low social skills were identified. Subsequently, the required interviews were carried out and the statistical sample was chosen and categorized into two groups (one training group with intervention and one control group), randomly. Both groups went through pretest and the training group went through intervention and the control group did not get any training. Ultimately, after the end of training sessions, both groups went through posttest and the collected data was analyzed by SPSS.

### ***Data Collection Instrument***

The data collection instruments in this research is a questionnaire which includes:

- Children Social Skills Scale

Children social skills scale includes two forms for parents and teachers and each form includes two main parts of social skills and behavioral problems. The parents' form includes 39 items in social skills and 10 items on behavioral problems. The teachers' form includes 33 items on social skills and 10 items on behavioral problems. Each of the items are answered by Never, Sometimes, and Often. This scale is prepared in two forms of teachers' (Shahim, 1996) and parents' (Shahim and Yusefi, 1999) and the validity and reliability of the forms were approved through several studies. In order to test the validity of the social skills ranking method scale, parents and teachers of 60 pre-school students (30 female and 30 male) filled out the questionnaires of pre-school students' behavioral problems and behavioral problems of social skills scale for each child. The correlation coefficient between behavioral problems of parents' form of social skills scale and parents' form of pre-school students' behavioral problems questionnaire was 0.66 and the correlation coefficient between behavioral problems of teachers' form of social skills scale and teachers' form of pre-school students' behavioral problems questionnaire was 0.69. ( $p=0.01$ ) Cronbach's alpha for social skills and behavioral problems in both parents and teachers forms of social skills scale varied from 0.73 to 0.90 and they were desirable. These coefficients could be compared with the internal reliability of similar parts in the main scale (Gresham and Elliot, 1990). Reliability of split-half for parents' form of social skills scale was 0.87 and for parents' form of behavioral problems was 0.68. Reliability of split-half for teachers' form of social skills scale was 0.87 and for teachers' form of behavioral problems was 0.77.

1. Social Skills Part: This part of the scale includes behaviors such as cooperation with peers and adults, assertiveness in social interaction and self-constraint against peers and adults. The abovementioned parts are presented in the form of subscales and the sum of the scores of these subscales the social skills scores is derived. The subscales of this part include cooperation, assertiveness in social relationships and self-constraint.
2. Behavioral Problems: This part of the scale includes exogenous behaviors such as aggression, anger and contention and endogenous behaviors such as anxiety, sadness, and impulsive behavior. The subscales of this part are as the following: exogenous behaviors – endogenous behaviors – hyperactivity. This questionnaire was analyzed by Shahim (2004). Analyzing factors by main components for social skills part in the parents' questionnaires led to extraction of 7 factors and three factors were selected through drawing scree plot: self-constraint, assertiveness in social behaviors and cooperation. Generally, analyzing the scale factors indicates a factor structure similar to the main scale along with replacement of some items, except behavioral problem assessment in teachers' form which led to extract of two factors (endogenous and exogenous behaviors) and hyperactivity which was extracted as an independent factor.

- Coopersmith Self-Esteem Questionnaire

Coopersmith (1967) prepared his self-esteem questionnaire based on a revision on Rogers and Dimond's scale (1954). This scale includes 58 items among which 8 items are lie-detectors. In total, 50 items of the questionnaire are divided into 4 subscales of general self-esteem, social self-esteem (peers), family self-esteem (parents) and educational self-esteem (school). The scoring method in this test is binary and it is answered by yes or no by the students and it is implemented either individually or in groups. This test was carried out in group. 18 items of the test are scored reversely. The reliability coefficient of the questionnaire including the scores of the lie detector subscale was 0.8581, and it was 0.8562 when lie detector scores are considered. This was calculated using Cronbach's alpha. Coopersmith et al. (1970) reported retest coefficients as 0.88 after 5 weeks and 0.70 after three years.

In his studies, Adib (1998) calculated the reliability coefficient as 0.78 for this test. Also, Marivan and Hoseyni (2001) calculated the validity coefficient of the text as 0.86.

- Behavioral Intervention Program (Psychosocial Training)

School-oriented includes training students in schools so that they can use them in increasing their social skills and these skills were carried out in 6 topics and in 8 75-minute sessions based on the following topics in three levels:

Curriculum

1. Improving social skills
2. Building and increasing self-esteem
3. Developing problem-solving skills
4. Assertiveness training
5. Enhancing stress/coping skills
6. Prevention of mental health problems/problem behaviors (Rebecca et al., 2010)

Three levels (interventions at school level, interventions at class level and interventions at personal level)

a. Interventions at school level

1. Distributing questionnaire 2. Training personnel 3. Establishing a harmonized system during students' break

b. Intervention at class level

1. Holding regular classes to increase social skills 2. Holding regular classes to increase self-esteem

c. Intervention at personal level

1. Holding individual sessions with students who have low social skills 2. Holding individual sessions with students who have low self-esteem 3. Holding sessions with parents of the students who had problems

### Statistical Analysis

The data is initially analyzed descriptively which includes mean, standard deviation, etc. and in the second part, to test the research hypotheses, MANOVA and SPSS software were used.

### Descriptive Findings

Table 1. Mean and Standard Deviation of Children's Social Skills among Studied Groups

Group	Stage	Mean	Standard Deviation
Control	Pretest	54.27	6.38
	Posttest	58.90	3.78
	Total	55.6	5.69
Experiment	Pretest	46.90	6.97
	Posttest	78.45	14.7
	Total	62.7	19.57

According to Table 1, the mean of social skills in pretest of the control group is 54.72 and it has increased to 58.90 in posttest. The mean of the experiment group pretest is 46.90 which has increased to 78.45 after the school-oriented behavioral intervention program.

Table 2. Mean and Standard Deviation of Self-Esteem among Studied Groups

Group	Stage	Mean	Standard Deviation
Control	Pretest	21.40	2.34
	Posttest	25.05	4.21
	Total	23.2	3.38
Experiment	Pretest	18.60	2.54
	Posttest	35.40	4.80
	Total	27.00	9.31

According to Table 2, the mean of self-esteem in pretest of the control group is 21.40 and it has increased to 25.05 in posttest. The mean of the experiment group pretest is 18.60 which has increased to 35.40 after the school-oriented behavioral intervention program.

### Inferential Statistics

Hypothesis: School-oriented behavioral intervention programs (psychosocial training) had impacts on increasing students' social skills.

Table 3. Levene's Test Results

F	Degree of Freedom 1	Degree of Freedom 2	Sig. Level
0.252	3	76	0.860

According to the results in Table 3, Levene's test shows that the variances are equal.

Table 4. MANOVA Results for Comparing the Effectiveness of Behavioral Intervention (Psychosocial Training) on Increasing Social Skills

Changes Source	Sum of Squares	Degree of Freedom	Mean Square	F	Sig. Level	Eta-Squared
Model	284411.250	1	284411.250	3567.875	0.000	0.979
Group	744.200	1	744.200	9.336	0.003	0.109
Pretest-Posttest	6552.200	1	6552.200	82.169	0.000	0.520
Error	6058.300	76	79.714			
	301348.000	80				

According to Table 4 and considering  $F = 45.38$  and also, considering the fact that the significance level of the test error for confidence level of 0.99 is lesser than 0.01, it could be claimed that the hypothesis is approved and the school-oriented behavioral intervention (psychosocial training) impacts the increase in students' social skills.

Hypothesis: School-oriented behavioral intervention programs (psychosocial training) had impacts on increasing students' self-esteem.

Table 5. Levene's Test Results

F	Degree of Freedom 1	Degree of Freedom 2	Sig. Level
1.154	3	76	0.927

According to the results in Table 5, Levene's test shows that the variances are equal.

Table 6. MANOVA Results for Comparing the Effectiveness of Behavioral Intervention (Psychosocial Training) on Increasing Self-Esteem

Changes Source	Sum of Squares	Degree of Freedom	Mean Square	F	Sig. Level	Eta-Squared
Model	50451.012	1	50451.012	3821.47	0.000	0.981
Group	285.013	1	285.013	21.58	0.000	0.221
Pretest-Posttest	2091.013	1	2091.013	158.38	0.000	0.676
Error	1003.350	76	13.202			
	4569.000	80				

According to Table 6 and considering  $F = 65.49$  and also, considering the fact that the significance level of the test error for confidence level of 0.99 is lesser than 0.01, it could be claimed that the hypothesis is approved and the school-oriented behavioral intervention (psychosocial training) impacts the increase in students' self-esteem.

### Discussion and Conclusion

This research was carried out to study the effectiveness of school-oriented behavioral intervention program (psychosocial training) on students' social skills. Findings suggest a significant impact of school-oriented behavioral intervention program (psychosocial training) on students' social skills. Results from hypotheses analysis are as following:

The research hypothesis was that school-oriented behavioral intervention programs (psychosocial training) had impacts on increasing students' social skills. Results suggest that school-oriented behavioral intervention programs (psychosocial training) had significant impacts on students' social skills and had increased it. ( $p < 0.01$ ) And this hypothesis was approved. Results from this research are in accordance with the findings of Kuchaki (2005), Teymuri (2006), Noruzniya (2010), Ezataqajari et al. (2010), Bostic and Anderson (2009) and Rebecca et al. (2010).

In a research entitled "The impact of School Interventions on the Refusal Skill in Junior High School Students", Aqajari et al. (2010) showed that life skills were effective on refusal skills of the experimental group. Adolescents were quickly affected by the environmental stimuli and carry out risky behaviors. The main cause of mortality among the youth and adults are formed and intensified during adolescence. The most convenient method to improve psychosocial capabilities in children and adolescents is the intervention through school and refusal skills are among these skills. Hence, school interventions were carried out on refusal skills of junior high school students in Maraqa County. These skills were taught in seven sessions. Life skills trainings were effective in the experimental group.

Rebecca et al. (2010) carried out a research entitled "A Study on School-Oriented Behavioral Intervention Programs (Psychological Training) Effects on Behavioral Problems, Threatening and Low Social Skills". In this research, the interventional program included 6 components of: 1. improving social skills 2. building and increasing self-esteem 3. developing problem-solving skills 4. assertiveness training 5. enhancing stress/coping skills 6. prevention of mental health problems/problem behaviors and results showed that this behavioral intervention had a positive significant impact on all three research variables.

In order to explain this, it should be expressed that social skills are processes which enable individual to behave in such a manner that the others consider them an adequate person. Also, these skills are the required capabilities for carrying out targeted and successful behaviors (Fathi, 2010) and the school-oriented behavioral intervention programs (psychological training) are using a set of methods and strategies which specifically shows the requests related to goals, success and the method of reaching these successes. Also, school-oriented intervention leads to an increase in individual's social skills through application of skills such as problem-solving, coping with others, etc. in school.

The research hypothesis was that school-oriented behavioral intervention programs (psychosocial training) had impacts on increasing students' self-esteem. Results suggest that school-oriented behavioral intervention programs (psychosocial training) had significant impacts on students' self-esteem and had increased it; and this hypothesis was approved. ( $p < 0.01$ ) Results from this research are in accordance with the findings of Naderi (2007), Ezataqajari et al. (2010), Gresham (2006), and Dodge and Bicart (2006).

In a research, Naderi et al. (2007) studied the effect of social skills group training on personal-social adaptation, aggression and self-esteem of female students at risk. Results showed that social skills training leads to an increase in personal-social adaptation, a decrease in aggression and increase in assertiveness in students.

In a study, Grasham, Van and Cook (2006), recommended social skills (anger, assertiveness, self-esteem, making friends, and effective communication) as the substitute behaviors for students at risk. They taught these skills to the aggressive children

and adolescents who had emotional behavior disorders in 12 weeks. These skills included anger, friend making, assertiveness, self-esteem, and effective communication. And they finally came to this conclusion that social skills training had positive impact on the aforementioned variables. In their study, Dodge and Bicart (2006) taught three social skills; self-esteem, self-control methods and making friends in pre-school children. They believe that children who are taught self-esteem have a tendency towards knowledge and asking questions and they know how to control their emotions. Participants had a desirable set of skills in interacting with others after the trainings finished.

In order to explain this, it could be claimed that one of the school-oriented intervention programs (psychosocial training) is to create and increase self-esteem and also, one of the school-oriented intervention programs (psychosocial training) is to teach social skills. Many children with behavioral problems have a low social skills performance (Ebrahim Zarandi, 1969) and social skills training could increase their interpersonal relationships and as a result, this led to increase in self-esteem in students, so that the researches show that children and adolescents who have a sense of competence have a higher self-esteem comparing to the children and adolescents who do not have this sense. They also have a better educational performance and they are more advanced in social skills and have a higher adaptability with their peers. (Yusefi, 1996) Moreover, students' inappropriate behaviors take place in certain situations in classrooms and school interventional program lead to increase in their self-esteem through participation of students in regulating classes and improving communication skills. (Bollstad, 2004)

Results suggest that behavioral intervention (psychosocial training) has a significant impact on increasing social skills and also self-esteem among students.

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